

<b>Case Number:</b>	CM14-0018179		
<b>Date Assigned:</b>	04/21/2014	<b>Date of Injury:</b>	04/23/2013
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 32-year-old male who reported an injury on 04/23/2013. The injury reportedly occurred when the injured worker was struck by a moving motorcycle while exiting his delivery truck. Per clinical note dated 08/16/2013, the injured worker reported lower back pain at 6-8/10 with radiculopathy, numbness and tingling to left leg. The injured worker had a positive left straight leg raise and bilateral decreased patellar reflexes at 1/2. The injured workers forward flexion was assessed at 50 degrees. The injured worker had Flexeril, Ibuprofen, and Tylenol as needed for pain. The injured worker had attended 8 sessions of physical therapy from 06/15/2013 to 07/09/2013. Per the physical therapy note, there was only minor improvement. The diagnosis for the injured worker was strained lower back. There was no request for authorization for medical treatment found in the medical documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **8 PHYSICAL THERAPY SESSIONS TO THE LUMBAR SPINE 2 X 4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

**Decision rationale:** The California MTUS guidelines recommend allowing for fading of treatment frequency, from up to three visits per week to one or less. The guidelines recommend injured workers should participate in an active self-directed home physical medicine program. The guidelines recommend 9-10 visits over 8 weeks for myalgia and myositis, unspecified and 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis, unspecified. The injured worker had 8 sessions of physical from 06/15/2013 through 07/09/2013 with minimal change in condition noted. The requesting physician did not include an adequate and complete assessment of the injured workers range of motion and the efficacy of the prior therapy was not demonstrated within the provided documentation. Therefore, the request for 8 sessions of physical therapy 2 times a week over 4 weeks is not medically necessary.