

<b>Case Number:</b>	CM14-0119463		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	03/06/2013
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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 Internal Medicine and is licensed to practice in California. 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 62-year-old female with a reported date of injury on 03/06/2013. The injury reportedly occurred when the injured worker was assaulted by a resident. Her diagnoses were noted to include lumbar sprain/strain, lumbar spinal stenosis, lumbar radiculopathy, and a 5 mm bulge at the level of L3-4. Her previous treatments were noted to include epidural steroid injections, physical therapy, and medications. The progress note dated 04/29/2014 revealed complaints of severe, sharp pain with stiffness in the low back. The injured worker reported radiating pain that radiated into her left buttock and groin down her left leg into her foot and toes. The injured worker complained of numbness and tingling to the left groin down to her foot and toes. The injured worker confirmed locking and popping sensations to her lower back and popping sensations to the left groin. The physical examination of the cervical spine revealed tenderness bilaterally to the occipital, levator scapula, trapezius, rhomboids, and midline to the mid cervical region. The dermatomes were deficient to the right C5, C6, and C7 nerve root distributions. The range of motion was diminished and motor strength was rated 5/5. The deep tendon reflexes were symmetric bilaterally. The physical examination of the lumbar spine revealed tenderness to the midline of the lumbar and lumbosacral regions and left paraspinous and sciatic notch. The dermatomes were deficient to the right L4, L5, and S1 nerve root distributions. The range of motion was noted to be diminished and had full motor strength rated 5/5. The deep tendon reflexes were symmetric bilaterally and the progress note dated 07/10/2014 did not have subjective complaints or objective findings noted on the documentation. The Request for Authorization form dated 07/10/2014 was for physical therapy of the cervical and lumbar spine 3 times a week for 3 weeks; however, the provider's rationale was not submitted within the medical records.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for Cervical and Lumbar spine 3 times a week for 3 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Physical Medicine.

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

**Decision rationale:** The request for physical therapy for the cervical and lumbar spine 3 times a week for 3 weeks is not medically necessary. The injured worker has participated in physical therapy sessions. The California Chronic Pain Medical Treatment Guidelines recommend active therapy based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with and without mechanical assistance or resistance and functional activities with resistive devices. The Guidelines recommend for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 8 weeks. The documentation provided gave current measurable functional deficits; however, there is a lack of documentation regarding quantifiable objective functional improvements with previous physical therapy sessions as well as the number of sessions completed. Additionally, the injured worker indicated the physical therapy had not helped her much. Therefore, the request is not medically necessary.