

<b>Case Number:</b>	CM14-0123827		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	12/29/2013
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 and Rehabilitation and is licensed to practice in Alabama. 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 patient is a 41 year old female who was injured on 12/29/2013 when tripped and fell. Prior treatment history has included 12 sessions of physical therapy; cyclobenzaprine, ibuprofen and Zolpidem. Initial evaluation note dated 06/13/2014 states the patient presented with complaints of back pain and neck pain. On exam, the cervical spine revealed range of motion to be full in all planes. Tenderness to palpation over the bilateral superior trapezii and levator scapulae. The lumbar spine revealed range of motion to forward flexion is 50 degrees; extension to 20 degrees; and side bending is 25 degrees to the right and 20 degrees to the left. There is tenderness to palpation over the right lumbar paraspinal muscles consistent with spasms. There is sciatic notch tenderness. There is positive straight leg raise test on the right in the seated position to 50 degrees. She has diminished sensation in the right L5 and S1 dermatomes of the lower extremities. She is diagnosed with lumbar radiculitis and cervicalgia. The patient has been recommended for 6 sessions of therapeutic exercises; tramadol ER 150 mg, Diclofenac XR100 mg, and Prilosec 20 mg. Prior utilization review dated 07/03/2014 states the request for Therapeutic exercises, #6 sessions is denied as there is no documented evidence to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Therapeutic exercises, #6 sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 67-68, 76-78, 98-99.

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

**Decision rationale:** The above MTUS guidelines state that sessions of physical medicine for a diagnosis of "neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks". In this case, there are only 19 pages of documentation. Note from 6/13/14 lists diagnoses as lumbar radiculitis and cervicgia. There is no documentation or mention of prior PT sessions from review of the provided documents. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.