

<b>Case Number:</b>	CM14-0136697		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	03/03/2014
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 Orthopedic Surgery 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 51-year-old male who reported injury on 03/03/2014. The injured worker was a chef who sustained injuries to his back, neck and bilateral shoulder from moving heavy appliances at work. On 03/21/2014, it is documented the injured worker had undergone physical therapy 6 treatments with no improvement. The injured worker's treatment history included medications, MRI studies, and x-ray. The injured worker was evaluated on 08/05/2014 and it was documented the injured worker complained of continued left trapezius pain, left shoulder pain, and neck pain. The injured worker continued to have spasms in the left trapezius and cervical paraspinal region. He continued to have severe back pain, left leg pain and lower portion of his left leg with numbness and tingling in the lower aspect of the left leg in his L5 distribution. Physical examination of the lumbar spine revealed gait was normal. Sensation was decreased in dermatomes at left L5. Straight leg raise was positive on the left. Spasm and guarding was noted in the lumbar spine. Medications included gabapentin, hydrocodone, Nabumetone-Relafen, and Norflex. Diagnoses included lumbar disc displacement without myelopathy, sprain/strain of the neck, and sprain/strain of shoulder/arm. The request for Authorization dated 08/06/2014 was for physical therapy for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment.

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

**Decision rationale:** The California MTUS Guidelines may support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documents submitted indicated the injured worker has had conservative care to include physical therapy without improvement. The provider failed to indicate long-term functional goals and outcome measurements. In addition, the request failed to indicate duration, quantity and frequency. Given the above, the request for physical therapy lumbar spine is not medically necessary.