

<b>Case Number:</b>	CM14-0156774		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	04/11/2014
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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, has a subspecialty in Interventional Spine 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 50 year old with an injury date on 4/11/14. Injured worker complains of persistent headaches, cervical pain, and low lumbar pain that radiates into right lower leg/foot, pain rated 8/10 per 8/20/14 report. Injured worker also has problems in getting to sleep, and staying asleep, and has problems in cleaning/driving which is problematic for her per 8/20/14 report. Based on the 8/20/14 progress report provided by [REDACTED] the diagnoses are: 1. sacroiliac sprain 2. lumbar radiculitis 3. cervicobrachial syndrome Exam on 8/20/14 showed "sensory: paresthesias in the dorsal aspect of right foot to light touch in L2 to S1 dermatome distribution. Trigger points palpated in the splenius capitis, upper and lower trapezius and sternocleidomastoid area." No range of motion testing was included in reports. [REDACTED] is requesting physical therapy two times a week for five weeks lumbar. The utilization review determination being challenged is dated 9/15/14 and denies request as the claimant was approved for 12 physical therapy sessions on 8/13/14, and reports show he completed one session. [REDACTED] is the requesting provider, and he provided treatment reports from 4/22/14 to 8/20/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy Two Times a Week for Five Weeks Lumbar:** Overturned

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

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

**Decision rationale:** This injured worker presents with headaches, neck pain, and lower back pain. The treating physician has asked for physical therapy two times a week for five weeks lumbar on 8/20/14. Review of the utilization review state the injured worker completed one session of physical therapy. However, the most recent single session of physical therapy for the lumbar attended was dated 4/22/14. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, the injured worker presents with chronic cervical/lumbar pain. Considering the most recent (1) physical therapy session was nearly 4 months ago, the requested 10 sessions of physical therapy for the lumbar appear reasonable and within MTUS guidelines. The request for Physical Therapy Two Times a Week for Five Weeks Lumbar is medically necessary.