

<b>Case Number:</b>	CM14-0183746		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	09/19/2013
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Occupational medicine and is licensed to practice in Colorado. 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 workers a 54-year-old male injured on September 19, 2013 when operating a forklift. An MRI scan of the lumbar spine showed an L4-5 disc bulging of 3 mm. At L5-S1 there was a 3 mm posterior disc bulge. The cervical spine MRI shows a 3.5 mm disc bulging at C5-6. Nerve conduction studies on April 21, 2014 of the lower extremities were normal. There were continued complaints of neck and lumbar spine pain. There was pain radiating down the left leg with associated numbness and tingling. The worker received physical therapy treatment, muscle relaxants, anti-inflammatory medicines, and narcotics. The worker had a normal lower extremity EMG in April 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve sessions of physical therapy for treatment for the cervical and lumbar spine:**  
Upheld

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

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

**Decision rationale:** The available medical records does describe that the worker was enrolled in physical therapy directed toward the cervical, and lumbar spine regions following the injury however the quantity, frequency, and duration of the physical therapy is not documented. The MTUS recommends physical medicine (i.e. physical therapy) for the treatment of musculoskeletal conditions. According to the MTUS, a fading of treatment frequency (from up to 3 visits per week to 1 or less) with a shift toward active self-directed home Physical Medicine, is recommended. The MTUS criteria for physical therapy to treat radiculitis is 8-10 visits over 4 weeks and for myalgia and myositis, is 9-10 visits over 8 weeks. In this case, it is unclear if the quantity of the worker's physical therapy treatment following the injury has exceeded the MTUS criteria regarding quantity, frequency and duration. It is not clear whether treatment was faded over time with a shift toward active self-directed home Physical Medicine. The current request for physical therapy, by itself, exceeds the maximal quantity and frequency of the physical medicine treatment as recommended by the MTUS. The request for 12 physical therapy treatments over a 4 week time frame is not considered medically necessary or appropriate.