

<b>Case Number:</b>	CM14-0028373		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	12/14/2013
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 patient is a 53-year-old male with a date of injury of 12/14/2013. The listed diagnoses per [REDACTED] are spondylolisthesis grade I at L4-L5, severe disk degeneration with narrowing and collapse of L5-S1 and radiculopathy/radiculitis, left lower extremity. This patient's treatment history to date includes anti-inflammatory medications, physical therapy, and modification of activities. According to progress report 02/27/2014 by [REDACTED], this patient presents with back pain radiating into the left lower extremity with numbness and weakness. The pain level is noted as 6-7/10 and on the worst days 8/10. The pain is noted to be in the back and in the left lower extremities. The provider encourages patient to obtain necessary nonsurgical care, hoping this would improve his condition and to deter surgical option. The request is for physical therapy 3 sessions per week for 4 weeks. Utilization review denied the request on 03/04/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY, THREE SESSIONS PER WEEK FOR FOUR WEEKS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This patient presents with back pain that radiates into the left lower extremity with numbness and weakness. The provider is requesting physical therapy 3 sessions per week for 4 weeks. For physical medicine, the California MTUS guidelines pages 98 and 99 recommends for myalgia, myositis, and neuralgia-type symptoms 9 to 10 sessions over 8 weeks. The medical file provided for review includes no physical therapy progress reports and provides no discussion of prior physical therapy treatments other than physical therapy listed as a prior treatment course. Utilization review from 03/04/2014 indicates the patient has attended 6 sessions of physical therapy in February 2014. In this case, the provider does not provide any documentation of functional improvement from the prior 6 sessions received. Furthermore, the requested 12 sessions exceeds what is recommended by California MTUS. Therefore the request is not medically necessary.