

<b>Case Number:</b>	CM14-0039299		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	12/03/2012
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 Neurology 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 (IW) is a 56 year-old male who reports lumbar spine pain and distal radiating symptoms to right lower extremity as a result of lifting, twisting and prolonged sitting at work throughout many years of employment as a delivery driver. Records report 12/3/12 as the date of injury, and the diagnosis of record is lumbago and lumbar radiculopathy as based on subjective and objective findings in clinical exams. Previous treatments have included NSAIDs, modification of duties, acupuncture, and physical therapy (PT), with reports of good compliance with home exercise program. Records indicate that the IW has been treated with nine PT sessions (initiated on 11/18/13) plus 21 sessions in the 12 months prior, with documented improvement of overall pain, reduction/elimination of radicular symptomology, and increased function and tolerance to activities of daily living (ADL). A request for an additional six sessions of PT (twice weekly over three weeks, 2 x 3) was requested on 3/19/14 and non-certified on 3/21/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 additional sessions of physical therapy, 2 per week for 3 weeks to the lumbar spine:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain Page(s): 98-99.

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

**Decision rationale:** Six additional sessions of physical therapy are not medically necessary according to the MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine. Specifically, in cases of neuralgia, neuritis, and radiculopathy would warrant eight to ten sessions of physical therapy over a course of 16 weeks (p. 99). The additional six sessions requested on 3/18/14 would bring the total number of visits to 36, which far exceeds the recommendations. Additionally, the progress notes provided indicate the therapy has been successful in almost every measurable outcome, including functional improvement and tolerance to activities of daily living. A home exercise program can be continued to maintain and improve further these gains, especially as it is expected that the IW has received much instruction and experience from 30 professionally supervised sessions.