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| <b>Case Number:</b>   | CM14-0048183 |                              |            |
| <b>Date Assigned:</b> | 07/02/2014   | <b>Date of Injury:</b>       | 11/26/2012 |
| <b>Decision Date:</b> | 08/06/2014   | <b>UR Denial Date:</b>       | 04/08/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/16/2014 |

### 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 52 year old with an injury date on 11/26/12. Patient complains of severe lower back pain with radiation, and moderate neck pain per the 3/4/14 report. The patient had a second epidural steroid injection which reduced pain from a level 8/10 to a level 7/10 with results lasting for 5 days. The 2/4/14 report states patient has tried chiropractic treatments, lumbar support, and transcutaneous electrical nerve stimulation (TENS) unit with limited improvement. Diagnoses include cervical strain and lumbar discopathy. An exam on 3/4/14 noted that the lumbar spine was tender, with spasm, and restricted range of motion. The cervical spine was tender, with spasm, and full range of motion. The patient had a positive straight leg raise exam, as well as positive sciatica to leg findings. The request is for 8 sessions of physical therapy for the cervical and lumbar spine. The utilization review determination being challenged is dated 4/8/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 sessions of physical therapy of the cervical and lumbar spines:** Overturned

**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:** Review of the physical therapy reports shows that the patient had 2 sessions of PT in March 2014. This patient exhibits no history of surgeries in included within the reports. MTUS Guidelines allow for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, 8 sessions of physical therapy is not excessive per the guidelines. Documentation notes that the patient has failed other conservative treatments and has had only 2 sessions of physical therapy recently. As such, the request is medically necessary.