

<b>Case Number:</b>	CM14-0098350		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	10/03/2012
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 & 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 38 year old male with an injury date of 10/03/12. The 05/ 23/14 progress report by [REDACTED] states that the patient presents with left hip pain that radiates into the left leg and foot. He also presents with pain that radiates from the left side of the lower back and left groin to the leg and left ankle. Pain is rated an average of 6/10 with medications and 9/10 without. No objective findings are provided for this follow up visit. The patient's diagnoses include, lumbar radiculopathy, pain related insomnia, primary coccidioidomycosis (aka Valley Fever), myofascial syndrome, neuropathic pain and pain related sexual dysfunction. The utilization review being challenged is dated 06/10/14. Reports were provided from 06/19/13 to 05/23/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for Lumbar Spine 2x/Week x 3/Weeks (6 Visits): 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 Page(s): 98,99. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**Decision rationale:** The patient presents with left hip pain radiating into the left leg and foot and pain from the left side of the lower back and left groin that radiates to the leg and left ankle. The physician requests for physical therapy for the lumbar spine 6 visits (2x3 weeks). The 06/10/14 utilization review notes that these are additional visits; however, that is not clear from the reports provided. The 05/23/14 report notes that the patient completed 2 visits of authorized physical therapy and the patient has done well and will transition to a home exercise program. The physician will request scheduling of the remaining visits at a new facility. It is documented that 4 visits for the left lower extremity and lumbar spine and lumbar spine were requested; however, it is unknown if the patient received these visits and for which body parts the treatment was intended. MTUS pages 98-99 states that for Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are recommended. In this case, it would appear that the patient has had some therapy treatments in the recent past with improvement. It is not known why the physician is requesting more. The patient is not flared-up, no decline in function, and no new injury. MTUS allows up to 10 sessions for the kind of condition this patient suffers from. However, the current request of 6 sessions and some 4 or so recent sessions do not exceed what is allowed per MTUS. Therefore the request is medically necessary.