

<b>Case Number:</b>	CM14-0207077		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	09/21/2012
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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 Family Practice, 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:

50-year-old male claimant sustained a work injury on November 21, 2012 involving the neck and low back. He was diagnosed with lumbar radiculopathy, lumbar spinal stenosis and cervical radiculopathy. He had been using oral analgesics for pain relief. He received an epidural steroid injection. He had received 12 sessions of physical therapy. A progress note on October 21, 2014 indicated the claimant had persistent pain. Medications relieve the symptoms by 30%. Exam findings were notable for a positive straight leg raise test on the left side and spasms in the para lumbar region. Spurling's sign was positive on the left side of the cervical spine. The physician requested an additional 12 sessions of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy 2 times a week for 6 weeks lumbar spine and cervical spine:**  
Upheld

**Claims Administrator 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); Neck & Upper Back Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299 TABLE 12-5, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. The following diagnoses have their associated recommendation for number of visits; myalgia and myositis, unspecified the recommendations are 9-10 visits over 8 weeks for neuralgia, neuritis, and radiculitis, unspecified. According to the ACOEM guidelines: Physical and therapeutic interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. The claimant had already received 12 sessions of physical therapy. Consequently, additional therapy sessions are not medically necessary.