

<b>Case Number:</b>	CM14-0048972		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	03/13/2013
<b>Decision Date:</b>	02/26/2015	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey, New York  
 Certification(s)/Specialty: Family Practice

### 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 is a 56 year-old male who was injured on 3/13/13. The patient complained of neck and low back pain that radiated to bilateral upper and lower extremities with numbness and tingling. He had right upper extremity pain, right wrist pain with numbness and tingling. He had intermittent hip pain with radiation to the buttocks. On exam, he had decreased range of motion of lumbar spine with decreased strength and decreased light touch in L5 and S1 nerve root. He ambulates with canes. He had positive Hawkins and Neer's tests. He was diagnosed with spinal stenosis at L4-5 with herniated nucleus pulposus at L4-5, posterior annular tear at L5-S1, left lower extremity radiculopathy, myoligamentous sprain and strain of bilateral hips, headaches secondary to injury and pain, status post decompression and microdiscectomy at L4-5 and L5-S1, and postoperative depression. His medications include Norco, Soma, and Flurbiprofen. Aqua therapy helped manage his pain. He also had physical therapy. He had lumbar epidural steroid injection and facet blocks. The current request is for 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:

**Physical Therapy 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Guidelines Page(s): 22,99. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back

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

**Decision rationale:** The request for 12 sessions of physical therapy is not medically necessary. The patient has had previous physical therapy sessions without any documentation of subjective or objective improvement. As per the summary, the patient had already had physical therapy, although the number of sessions was not clear. According to MTUS, myalgias and myositis warrant 9-10 visits over 8 weeks. Without documented improvement and explanation of rationale for more physical therapy, there is no need for additional sessions. He should have also been taught a home exercise program to continue. The request above also does not specify what the physical therapy is for. Therefore, the request is considered not medically necessary.