

<b>Case Number:</b>	CM15-0002045		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	12/01/2007
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 63-year-old female who reported an injury on 12/08/2008. The mechanism of injury was not stated. The current diagnoses include cervical radiculopathy, lumbosacral radiculopathy, shoulder impingement, knee tendonitis/bursitis, wrist tendonitis/bursitis, and ankle sprain/strain. The injured worker presented on 11/18/2014 with complaints of neck and low back pain with radiating symptoms into the upper and lower extremities. The injured worker reported positive results from Neurontin; however, was unable to conduct a regular home exercise program. Upon examination, there was ongoing spasm, tenderness, and guarding in the paravertebral musculature of the cervical and lumbar spine with a loss of range of motion. It was noted that the injured worker had comorbid osteoporosis, which was nonindustrial, but affected her ability to perform daily home exercises. The injured worker had positive results from previous physical therapy sessions. An additional 12 sessions was recommended at that time. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physio therapy 3x4 weeks for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

**Decision rationale:** The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Treatment for unspecified neuralgia, neuritis, and radiculitis includes 8 to 10 visits over 4 weeks. The current request for 12 sessions of physical therapy would exceed guideline recommendations. There was also no documentation of the previous course of physical therapy with evidence of objective functional improvement. As such, the request is not medically appropriate at this time.