

<b>Case Number:</b>	CM15-0008792		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	12/23/2003
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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 male who reported an injury on 02/23/2003 due to an unspecified mechanism of injury. On 12/18/2014, He presented for a follow-up evaluation with continued pain in the left arm and neck. He also had continued low back pain with numbness into bilateral hands, and pain in the right lower extremity. A physical examination of the cervical spine showed tenderness to palpation and a positive Spurling's on the right, with decreased sensation in the C6 nerve root. The lumbar spine showed decreased sensation at the right L5 nerve root and positive spasms. It should be noted that the document provided was handwritten and illegible. The treatment plan was for physical therapy 2x6 for the lumbar spine and cervical spine. The rationale for treatment was not stated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x 6 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 Physical Medicine Page(s): 98-99.

**Decision rationale:** The California MTUS Guidelines indicate that physical therapy is recommended for 9 to 10 visits over 8 weeks for myalgia and myositis unspecified. For neuralgia, neuritis, and radiculitis unspecified, 8 to 10 visits over 4 weeks is recommended. The documentation provided does not show that the injured worker has any significant functional deficits that would support the request for physical therapy treatment. Also, further clarification is needed regarding his previous treatments and whether or not he has undergone physical therapy in the past to address the same injury. Also, the number of sessions being requested exceeds the guideline recommendations. Therefore, the request is not supported. As such, the request is not medically necessary.

**Physical therapy 2 x 6 for the cervical 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 Physical Medicine Page(s): 98-99.

**Decision rationale:** The California MTUS Guidelines indicate that physical therapy is recommended for 9 to 10 visits over 8 weeks for myalgia and myositis unspecified. For neuralgia, neuritis, and radiculitis unspecified, 8 to 10 visits over 4 weeks is recommended. The documentation provided does not show that the injured worker has any significant functional deficits that would support the request for physical therapy treatment. Also, further clarification is needed regarding his previous treatments and whether or not he has undergone physical therapy in the past to address the same injury. Also, the number of sessions being requested exceeds the guideline recommendations. Therefore, the request is not supported. As such, the request is not medically necessary.