

<b>Case Number:</b>	CM15-0052451		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	09/27/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 year old male, who sustained an industrial injury on September 27, 2014. He reported lower back, neck, and right shoulder injuries. The injured worker was diagnosed as having intervertebral disc injury lumbar spine acute cervical spine sprain, and radiculopathy. He is status post microdiscectomy of lumbar 4, lumbar 5. Treatment to date has included MRI, physical therapy, and medications. On February 25, 2015, the injured worker complains of increasing cervical spine pain, headaches, and right leg radiculopathy. He uses a cane for ambulation. The physical exam revealed a positive sensory deficit of right lumbar 5, positive straight leg raise, right greater than left, able to toe/heel walk, and decreased range of motion. The cervical spine range of motion was decreased with positive bilateral sensory deficit. The treatment plan includes 12 sessions of physical therapy for the cervical spine and lumbar spine and a medication adjustment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 12 visits to cervical and lumbar spine:** Upheld

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

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

**Decision rationale:** Physical therapy 12 visits to cervical and lumbar spine is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for this condition. The documentation indicates that the patient has had 10 visits of PT but there are no documents from PT revealing evidence of functional improvement from these sessions. The MTUS recommends transitioning to an independent home exercise program. The request for physical therapy 12 visits to the cervical and lumbar spine is therefore not medically necessary.