

<b>Case Number:</b>	CM14-0146760		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	10/20/1999
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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:

The patient is a 53-year-old male with date of injury of 10/20/1999. The listed diagnoses per [REDACTED] from 08/08/2014 are: 1. Cervical stenosis at C5-6 and C6-7. 2. Right lumbar radiculopathy. 3. Status post bilateral carpal tunnel release. 4. Status post bilateral ulnar nerve release. 5. Status post left shoulder surgery. 6. History of severe G.I. pathology, including rectal bleeding. According to this report the patient complains of persistent bilateral shoulder, neck, and low back pain. He currently rates his neck and back pain 8/10. The patient reports persistent numbness and tingling in his bilateral upper and lower extremities. He says the numbness in his arms increases at night. The patient reports persistent spasms in the neck and back which can be severe. He has received five visits of chiropractic treatment with minimal relief. He says "he continues with home exercise program." The examination shows mild tenderness to palpation of the cervical paraspinals bilaterally. He has pain with facet loading of the cervical spine and lumbar spine bilaterally. Decreased range of motion of the cervical and lumbar spine was noted. Upper and lower extremity sensation was intact. The utilization review denied the request on 09/02/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Physical Therapy sessions for the Lumbar Spine, as an outpatient for submitted diagnosis of Cervical Stenosis at C5-6 and C6-7, Lumbar radiculopathy: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient presents with bilateral shoulder, neck, and low back pain. The treater is requesting eight physical therapy sessions for the lumbar spine. The MTUS guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The records do not show any physical therapy reports to verify how many treatments the patient has received and with what results. The utilization review denied the request stating that the patient should be well-versed at this time in home-based exercises, strengthening and range of motion maneuvers. It does not discuss how many treatments the patient has had recently. The patient's injury is from 1999 and some physical therapy sessions were probably received but it does not appear that the patient has recently had any therapy treatments. The patient may benefit from a short course of therapy to help with chronic pain and home exercises. The request is medically necessary.