

<b>Case Number:</b>	CM14-0160198		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	10/25/2011
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Family Medicine and is licensed to practice in New Jersey. 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 injured worker is a 54-year-old female who reported an injury on 10/25/2011. The method of injury was a slip and fall. Her diagnoses included coccydynia, wrist injury, lumbar disc herniation, spinal stenosis, pseudoseizure disorder and cervical herniated nucleus pulposus. Her past treatments have included medications, work modifications and physical therapy with an unknown number of completed sessions. Her diagnostic studies included a lumbar spine magnetic resonance imaging on 01/13/2012 which showed multilevel L3-4, L4-5, and L5-S1 herniated disc and spinal stenosis. Her surgical history was not provided. At a follow-up examination on 06/02/2014 the injured worker complained of neck, back and left leg pain. She rated her pain 5/10 and described it as sharp. Documentation submitted did not include objective findings, except for a hand-written note which indicated cervical and lumbar herniated nucleus pulposus. Her current medication regimen included Neurontin, Vicodin, lithium and benzodiazepines. The treatment plan included a return visit in 4 months and return to full work duty on the same date as follow-up visit. The rationale for the request was not provided. The treatment plan included an additional course of physical therapy consisting of 2 times per week for 6 weeks and a checkup in 3 months. The treatment plan also included the injured worker returning to full duty on 04/01/2014. The rationale for the request is that the injured worker still had significant neck and low back pain. The Request for Authorization form was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2x week for 6 weeks (12 sessions) cervical and lumbar area:** 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 injured worker has chronic neck and low back pain. The California MTUS Guidelines recommend physical medicine up to 10 visits for patients with unspecified radiculitis to promote to promote functional improvement and provide instruction in a home exercise program. The treatment plan on 03/03/2014 documented that "I still believe this patient would benefit from an additional course of physical therapy consisting of 2 times per week for 6 weeks." It is unclear how many previous physical therapies were completed and whether there was objective functional improvement with that treatment. Additionally, the submitted documentation failed to include current objective functional deficits. Additionally, the number of visits requested exceeds the guideline recommended 10 visits and there was no documentation of exceptional factors to justify additional supervised visits over the injured worker's participation in a home exercise program. As such, the request for physical therapy 2 times a week for 6 weeks 12 sessions cervical and lumbar area is not medically necessary.