

<b>Case Number:</b>	CM13-0001266		
<b>Date Assigned:</b>	05/02/2014	<b>Date of Injury:</b>	01/25/2012
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	07/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/12/2013

### 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 Pain Medicine 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 who was injured on 06/14/2013 when he fell backward striking his back against some rocks. Prior treatment history has included physical therapy which started 02/27/2012. Diagnostic studies reviewed include x-rays of the lumbosacral spine dated 01/26/2012 which showed degenerative arthritis and mild scoliosis and muscles suggesting spasms and no fractures. Thoracic x-rays dated 02/13/2012 showed diffuse degenerative changes. On 04/18/2012, an MRI of the thoracic spine showed mild disc degeneration and dorsal kyphosis but without any neural impingement. On 06/14/2013 the patient's current medications are antihyperlipidemic agent. He has obvious spasm in the thoracic paravertebral region extending from about T4 through the thoracolumbar junction. This is tender to palpation. He resists loading facet joints and extension of the spine. Twisting and flexion motions throughout the spine are essentially 0. The pain is made worse with repetitive bending and twisting, particularly stooping with heavy lifting.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL PHYSICAL THERAPY (12 SESSIONS):** Upheld

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

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

**Decision rationale:** According to CA MTUS guidelines, Physical Therapy (PT) allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The recommended number of PT sessions per guidelines is 9-10 visits over 8 weeks for Myalgia and Myositis, and 8-10 visits over 4 weeks for Neuralgia, Neuritis, and Radiculitis. The medical records address that the patient has received 12 previous PT sessions with evidence of improvement. As per MTUS guidelines, the patient should be encouraged to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The available reports do not document disability of the patient to perform at home exercises. Therefore, the medical necessity of additional 12 sessions of Physical therapy has not been established according to the guidelines.