

<b>Case Number:</b>	CM13-0006427		
<b>Date Assigned:</b>	03/21/2014	<b>Date of Injury:</b>	03/14/2012
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	07/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/02/2013

### 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 and Rehabilitation, has a subspecialty in Pain Management, 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:

This is a female patient with the date of injury of March 14, 2012. A utilization review determination dated July 23, 2013 recommends non-certification of 2nd opinion trial of physical therapy with consult + 4 to 6 visits. The previous reviewing physician recommended non-certification of 2nd opinion trial of physical therapy with consult + 4 to 6 visits due to lack of documentation of a specific flare-up or re-injury to the low back and significant symptoms in the submitted medical report. An Industrial Recheck Report dated June 5, 2013 identifies history of pain severity 10/10, felt constantly in the back. Last physical therapy she had was soon after the injury of March 2012 and she does not have much in the way of home exercises to do now. Examination identifies stiff for the lumbosacral flexibility especially when straightening up from sitting. Still with ample pain whether flexing or extending with the neck. Diagnoses identify cervical sprain/strain, complex regional pain syndrome I of upper extremity, shoulder pain, cervical radiculopathy, cervical mechanical pain, chronic pain syndrome, low back pain, and hip pain. Appointment Issues identify request the second opinion trial of physical therapy with a consult in four to six visits to go over home exercises for her and trial modality that could be transitioned to the home setting.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2ND OPINION TRIAL OF PHYSICAL THERAPY WITH CONSULT, +4 TO 6 VISITS:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, Page 127, ODG-TWC Pain Procedure Summary, updated 6/7/2013.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for 2nd opinion trial of physical therapy with consult plus 4 to 6 visits, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, the patient is noted to have previously undergone physical therapy. There is no indication of flare-up or re-injury. While there is mention that "she does not have much in the way of home exercises to do now", there is no clarification as to why the patient cannot be instructed in an independent home exercise program based on her previous experience in physical therapy and why an independent program of home exercise would be insufficient to address any remaining objective deficits. Additionally, it is unclear why 6 visits would be needed to instruct the patient in a home exercise program. In the absence of clarity regarding those issues, the current request for 2nd opinion trial of physical therapy with consult plus 4 to 6 visits is not medically necessary.