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| <b>Case Number:</b>   | CM13-0012003 |                              |            |
| <b>Date Assigned:</b> | 03/10/2014   | <b>Date of Injury:</b>       | 03/21/2000 |
| <b>Decision Date:</b> | 04/23/2014   | <b>UR Denial Date:</b>       | 07/19/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/15/2013 |

### 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 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:

This patient is a 62 year-old female with a date of injury of 03/21/2000. The listed diagnoses per [REDACTED] dated 05/20/2013 are: chronic pain, GERD, hypertension, pre-diabetes, anxiety, depression, insomnia, dyslipidemia, obesity, OAB, constipation, hyperhomocysteinemia, status/post right knee surgery 4/30/2012, hypothyroidism. According to report dated 05/20/2013 by [REDACTED], the patient presents increased back pain, mainly in buttocks. Patient is noted to be utilizing a compound cream with good benefit. Physical examination reveals patient has difficulty ambulating and uses a cane with a right -sided limp. No further examination was reported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **12 PHYSICAL THERAPY VISITS TO THE LOW BACK, 3 X 4: Upheld**

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

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

**Decision rationale:** The treater is requesting 12 physical therapy session for patient's low back pain. For Physical medicine, the MTUS guidelines page 98,99 recommends for myalgia, myositis symptoms 9-10 visits over 8 weeks. Medical records provided for review does not include any indication that this patient had had any recent formalized physical therapy sessions. However, the treaters request for 12 sessions exceeds what is recommended by MTUS. Therefore the request is not medically necessary.