

<b>Case Number:</b>	CM13-0022545		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	08/16/2001
<b>Decision Date:</b>	02/20/2014	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 presents with chronic neck and low back pain. The request is for 6 sessions of physical therapy which was denied by utilization review dated 9/3/13 with the rationale that no sustained functional improvement was documented despite a number of years of conservative treatments. Review of the treating physician's report indicates that the current request for PT was not generated by the treater. A prescription was filled out by the therapist on 8/18/13 signed by someone, presumed to be [REDACTED]. MTUS guidelines recommend up to 8-10 sessions of physical therapy for myalgia, myositis, neuritis/radiculitis type of problems. In this patient, it is not clear why therapy request has been generated. The treater's notes only discuss CMT and RF ablation. The treater appears to indicate that he was not aware of the request, but appears to have signed the therapy request prescription. There is no discussion as to why the patient needs 6 sessions of therapy other than for pain. MTUS guidelines page 8 states "continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives." In this case, such monitoring is not provided. The treater does not appear to be aware of the request itself, and does not discuss why therapy is needed at this juncture. Recommendation is for denial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**six (6) sessions of physical therapy treatment to the cervical and lumbar spine: Upheld**

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

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

**Decision rationale:** This patient presents with chronic neck and low back pain. The request is for 6 sessions of physical therapy which was denied by utilization review dated 9/3/13 with the rationale that no sustained functional improvement was documented despite a number of years of conservative treatments. Review of the treating physician's report indicates that the current request for PT was not generated by the treater. A prescription was filled out by the therapist on 8/18/13 signed by someone, presumed to be [REDACTED]. MTUS guidelines recommend up to 8-10 sessions of physical therapy for myalgia, myositis, neuritis/radiculitis type of problems. In this patient, it is not clear why therapy request has been generated. The treater's notes only discuss CMT and RF ablation. The treater appears to indicate that he was not aware of the request, but appears to have signed the therapy request prescription. There is no discussion as to why the patient needs 6 sessions of therapy other than for pain. MTUS guidelines page 8 states "continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives." In this case, such monitoring is not provided. The treater does not appear to be aware of the request itself, and does not discuss why therapy is needed at this juncture. Recommendation is for denial.