

<b>Case Number:</b>	CM13-0026551		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	07/26/2013
<b>Decision Date:</b>	02/06/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2013

### 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:

The patient is a 52 year-old male with a date of injury of 07/23/2013. The patient has a diagnosis of lumbosacral spine sprain/strain and cervical spine strain/sprain. The patient is complaining of low back pain radiating to bilateral lower extremities. The progress report from 08/15/2013 by [REDACTED] is handwritten and illegible, but treatment recommendations were for physical therapy 2x4 and a specialty consultation for medication management. Previously, the treating physician requested 6 sessions of physical therapy on 7/29/13. Physical therapy notes are not available to ascertain the exact number of treatments provided around this time, but there is an authorization for 6 sessions from 7/29/13 to 8/15/13. It appears that the treating physician has asked for an additional 8 sessions of physical therapy. The patient's response to prior physical therapy is not reported. An x-ray on 07/29/2013 by [REDACTED] shows scoliosis with cervical spondylosis at two levels, sacroiliac joints are unremarkable and minimal anterior spurring on L4 and L5 with moderate calcification in the aorta and iliac vessels. The treating physician is requesting 8 PT sessions to the neck and low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy to neck & low back 2x4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 173-174, 300.

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

**Decision rationale:** This patient presents with chronic low back. The treating physician has asked for 8 sessions of physical therapy following the 6 sessions already authorized from 7/29/13 to 8/15/13. The MTUS Guidelines for physical therapy, pages 98 and 99 recommends that "patients continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." For myalgia, myositis and radiculitis, the type of symptoms that this patient suffers from, MTUS allows 9-10 visits over 8 weeks only. The requested additional 8 sessions would exceed what is recommended given that the patient already received 6 sessions.