

<b>Case Number:</b>	CM13-0029527		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	09/17/2009
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2013

### 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 Orthopedic Surgery, 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 57-year-old who was injured on 9/17/09. Clinical records available for review include an assessment with [REDACTED] on 8/29/13; the patient attested to continued complaints of low back pain with bilateral radiating pain. He describes flare up of musculoskeletal complaints and trouble sleeping. Examination demonstrated a normal gait pattern with positive bilateral straight leg raising with no documentation of formal findings noted. Recent treatment has included 18 recent sessions of formal physical therapy throughout the course of 2013. Formal clinical imaging is not documented for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**physical therapy twice a week for five weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** In the chronic pain setting, therapy can be used sparingly to help control swelling, inflammation, and pain during the rehabilitative process. Guideline criteria typically limit therapy, however, to 9-10 sessions over an eight week period of time. Since the records in

this case indicate that the claimant has received 18 formal sessions of therapy throughout 2013, it would be unclear as to why 10 additional sessions would be beneficial, or why transitions to an aggressive home exercise program could not occur at this stage in the claimant's chronic course of care. Based on the California Chronic Pain Guidelines, the continuation of formal physical therapy in this case would not be indicated.