

<b>Case Number:</b>	CM13-0044078		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/11/2006
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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 & 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 is a 70 year-old female (██████████) with a 7/11/06 industrial injury claim. She has been diagnosed with lumbar spinal stenosis; lumbar radiculopathy and disc displacement; DDD; lumbar post laminectomy syndrome; myofascial pain syndrome; degenerative facet disease; back pain and lumbar spondylosis. According to the 9/25/13 pain management report from ██████████, the patient presents with chronic low back and left lower extremity pain. The report lists the patient's age as 67 YO. The pain ranges from 3-9/10. ██████████ recommends an ESI, and titrates up the Lyrica from 100mg to 150mg. He recommended aquatic therapy 2x16; and massage x8 sessions. On 10/2/13, UR recommended against PT x 8.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY - EIGHT (8) SESSIONS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 114, Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

**Decision rationale:** The Expert Reviewer's decision rationale: The 5'4", 188 lbs patient presents with a flare up of chronic back pain. [REDACTED] notes the patient had also been diagnosed with vertigo and was being treated in PT for this. According to [REDACTED] 9/25/13 report, he has requested aquatic therapy twice weekly for 16 weeks, and requested 8 sessions of myofascial massage therapy. The request before me, however, is for PT x8 sessions. I am not sure if this is a portion of the 32 visits of aquatic therapy requested, or if this was for the massage therapy or related to the prior PT for vertigo. There is not enough information provided to make an informed decision. The physician's report mentions 32 sessions of aquatic therapy that exceeds MTUS recommendations for aquatic therapy. The report mentions massage x8 that exceeds the MTUS guidelines recommendations for massage therapy, and if this is general PT, there is no discussion of the number of sessions of prior recent PT or outcomes. MTUS recommends 8-10 sessions of PT, and I am unable to verify that the current request for 8 sessions of PT when combined with the prior course of PT with unknown number of sessions, will be within the MTUS recommendations.