

<b>Case Number:</b>	CM13-0047904		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/30/2007
<b>Decision Date:</b>	02/20/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 & Rehabilitation and Pain Management, 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 50 Years Old female with a date of injury of 11/30/2007. The listed diagnoses per [REDACTED] dated 08/08/2013 are: 1. Cervicothoracic musculoligamentous strain/sprain injury 2. History of head injury with cerebral contusion with post traumatic cephalgia and dizziness 3. Lumbar musculoligamentous strain/sprain injury 4. Shoulder impingement 5. Strain/sprain of right elbow 6. Emotional injuries According to report dated 08/08/2013 by [REDACTED], patient remains symptomatic and due to increased "deteriorating" back pain recommends 12 physical therapy sessions. Patient describes pain as "shooting pain to the lower extremities." Examination of the lumbar spine showed stiffness and pain with range of motion. There is no atrophy of either lower extremity with preserved reflexes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT (Physical Therapy) 2x6 for the low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** This patient present with an increase in lower back pain. The treater in an appeal letter dated 11/08/2013 argues "the safest and least aggressive type of treatment would be physical therapy for a few sessions to manage the pain and provide her with modalities for core strengthening." Treater is requesting 2x6 sessions for patient's recent "flare- up". MTUS guidelines pages 98, 99 recommends 9-10 sessions for Myalgia, neuralgia type symptoms. Medical records show patient received 12 physical therapy sessions in 07/12/2012. In this case, a short course of therapy may be warranted for patient's recent flare-up. However, treater's request for 12 sessions exceeds what is recommended by MTUS. Therefore, Decision for Physical Therapy 2x6 for the low back is not medically necessary and appropriate.