

<b>Case Number:</b>	CM13-0051481		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/22/2010
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 Occupational Medicine 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:

The applicant has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of December 22, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy over the life of the claim; trigger point injection therapy; and muscle relaxants. In a clinical progress note of October 18, 2013, the applicant represented with persistent neck and low back pain. The applicant apparently received a trigger joint injection in the clinic. Motrin and Robaxin were endorsed. The applicant was asked to pursue an additional eight sessions of physical therapy, which the attending provider stated would facilitate the applicant's ability to carry out activities of daily living, cooking, cleaning, laundering, etc. In a February 12, 2013 progress note, the applicant was described as having ongoing complaints of neck, mid back, and low back pain. At that point, she was described as possessing 5/5 upper and lower extremity strength. She was asked to continue independent home exercise at that point in time.

### 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 FOUR WEEKS FOR THE CERVICAL/LUMBAR SPINE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

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

**Decision rationale:** As noted in the MTUS Chronic Pain Medical Treatment Guidelines, active therapy, active modalities, and transitioning toward self-directed home physical medicine are crucial during the chronic pain phase of an injury. The MTUS also recommends tapering or fading the frequency of treatment over time. In this case, the applicant has had extensive amounts of treatment over the life of the claim. She has reached a plateau with earlier treatment. Permanent work restrictions have been imposed. The applicant was apparently described as independently performing home exercise on February 12, 2013. It appears, several years removed from the date of injury, that she can continue to do so without the formal course of treatment proposed by the treating provider. Therefore, the request is not certified, on Independent Medical Review.