

<b>Case Number:</b>	CM13-0054991		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/29/2011
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### 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:

This is a 59-year-old patient with a September 29, 2011 date of injury. When she tried to get up from the office chair, her right ankle became entangled in the strap of her purse, she dragged the chair for a few feet, lost balance, pitched forward and landed on all four limbs. November 20, 2013 progress report indicated that the patient complained of constant 6-8/10 level pains in her back and right groin with radiation to her anterolateral thigh. There was numbness and tingling to the right toes. The patient was diagnosed with acute lumbosacral strain on November 17, 2011. There was also note that physical therapy was not effective. Her recent diagnosis was chronic low back pain secondary to degenerative disc and joint disease and lumbar stenosis with overlying myofascial pain. Cervical strain, which was mostly resolved. She was recommended for physical therapy four to six sessions up to three times per year. There is documentation of a previous October 22, 2013 adverse determination based on the submitted clinical information.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 3 TIMES A WEEK TIMES 6 WEEKS FOR THE BACK:** 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 Therapy Section Page(s): 99.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. The patient presented with constant low back pain. The patient was prescribed physical therapy. However, there was documentation that physical therapy was not beneficial. In addition, the request for physical therapy three times weekly for a six week duration is beyond the recommended number of visits. The request for physical therapy for the back, three times weekly for six weeks, is not medically necessary or appropriate.