

<b>Case Number:</b>	CM14-0009776		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	02/20/2013
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 and Rehabilitation 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 46-year-old female patient with a date of injury of 2/20/13. The mechanism of injury was bending over and twisting to fill lunch bags at work; she immediately felt pain and locking of her back. The injury resulted in lumbar disc displacement. A note dated 1/6/14 reported patient was experiencing lumbar pain and lower extremity pain with slight improvement in lumbar range of motion and gait. Muscle strength was 5/5 in the lower extremities. Diagnostic impression: Other Chronic Pain, Degenerative Lumbar/Lumbosacral Intervertebral Disc, and Brachial Neuritis/Radiculitis NOS. Treatment to date: activity modification, physical therapy, epidural injections. A UR decision dated 1/14/14 denied the request for additional physical therapy two to three times a week for six weeks due to lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy 2-3 times a Week for 6 Weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The MTUS Chronic Pain Guidelines state that "monitoring from the treating physician regarding progress and continued benefit of treatment is paramount...Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." The patient had already received an unspecified number of physical therapy sessions with reported improvement. However, there was no rationale given for continuance of therapy or the establishment of new treatment goals with an emphasis on graduating to an active home-based program. Therefore, the request is not medically necessary and appropriate.