

<b>Case Number:</b>	CM14-0023278		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	06/17/2013
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 & Rehabilitation, has a subspecialty in Pain Management & Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 06/17/13 when, while working as a housekeeper cleaning rooms at a hotel, she was making a bed and felt mid back pulling radiating to the low back. She was able to continue working. She then had increased pain. Treatments included an injection and 14 chiropractic sessions. Testing included x-rays and an MRI. On 08/29/13 authorization for physical therapy two times per week was requested. On 10/24/13 she was having low back pain radiating into the left lower extremity rated at 4-6/10. Physical therapy had not been authorized. Physical examination findings included mid thoracic tenderness. Naprosyn, Mentherm, and Norco were refilled. Work restrictions were continued. On 11/21/13 pain was rated at 4/10. Medications were helping and she was requesting refills. Physical examination findings appear unchanged. Medications were refilled and authorization for physical therapy two times per week for four weeks was requested. An MRI of the lumbar spine on 10/04/13 showed findings of lower lumbar disc degeneration with central disc protrusions. She was seen on 11/23/13 with mid back pain and aching rated at 4/10 with and 6/10 without medications. She had not returned to work. Physical examination findings included a normal gait. There was pain in the lower thoracic and lower lumbar spine. She had decreased lumbar spine range of motion. Lasgue testing was positive. She was able to step and squat without difficulty. There was normal strength and sensation. Lyrica was prescribed for neurogenic pain. On 03/05/14 modified work had not been accommodated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 x week x 3 weeks neck, back and upper back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant is more than one year status post work-related injury and continues to be treated for chronic spine pain. Treatments have included chiropractic care. She has not had physical therapy. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended and therefore not medically necessary.