

<b>Case Number:</b>	CM14-0025472		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	07/26/2011
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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, 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 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 patient is a 54-year-old male with date of injury of 07/26/2011. Per treating physician's report on 01/14/2014, under subjective complaints, there is a checked mark next to not working. The patient continues to report low back pain that is constant with pain down his leg at times. He reports never having therapy for his low back since his injury, and [REDACTED] agreed medical evaluation report states the patient states that the patient should be afforded treatment for the low back and the request for 6 sessions of physical therapy today. The patient notes that his home exercise program is not helping with his pain. An examination showed moderate pain to palpation of the lumbar spinous process with spasms, decreased sensation touch in the left calf, and strength remains decreased in the plantar and dorsiflexion of the left side. The listed diagnoses are chronic pain syndrome, pain in the lumbar region, and pain in the foot and ankle, stable. The patient is on Pamelor and Norco and discontinued Lyrica. There is an AME report from 09/17/2013 which reviewed progress reports dating back 2011, and this report indicates that the patient has had therapy back in 2011. Including the file were reports postdating the current request and the utilization review letter dated 01/27/2014, and this shows that the patient has had some 7 sessions of physical therapy per 03/21/2014 report.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 2 X WEEK X 3 WEEKS, LUMBAR SPINE:** Overturned

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

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

**Decision rationale:** This patient presents with chronic low back pain. Per treating physician report 01/14/2014, the patient has not had any physical therapy, and the request was for physical therapy 6 sessions. Review of the reports showed no recent physical therapy treatment history other than agreed medical evaluation report referencing therapy received back in 2011. MTUS Guidelines supports 9 to 10 sessions of physical therapy for myalgia, myositis, the kind of condition this patient suffers from. Given that the patient has not had any therapy for a number of years, at least based on review of the available reports, the requested 6 sessions of physical therapy appeared reasonable. Utilization review letter 01/27/2014 modified the request of 2 sessions of physical therapy. Given that MTUS Guidelines allow up to 10 sessions, current request for 6 sessions is medically necessary.