

<b>Case Number:</b>	CM14-0048912		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	10/01/2010
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 69 female year old with an injury date on 10/01/2010. Based on the 02/05/2014, Q.M.E report provided by [REDACTED] the patient presents with neck pain, bilateral shoulder pain, and low back pain. The diagnoses are: Status post revision lumbar surgery. Cervical aggravation compensatory. Psychiatric problems per [REDACTED]. On 12/13/2012, the patient underwent a revision lumbar surgery; fusion from L2 through S1. Exam on 02/05/2014 showed, a well-healed lumbar incision, tender and very tight lumbar paraspinals muscle. [REDACTED] is requesting physical therapy, two times per week for 6 weeks for the low back. he utilization review determination being challenged is dated 03/14/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 10/18/2013 to 12/17/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, two sessions per week for six weeks to low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 114, Chronic Pain Treatment Guidelines Page(s): 98-99.

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

**Decision rationale:** This patient presents with localized, constant, dull, aching to sharp pain at the low back. The treater has asked for 12 sessions of physical therapy on 02/10/2014. Review of the report shows, the patient's pain is aggravated when bending, twisting or turning at the waist. She experience increased pain when sitting more than an hour, standing for more than 15 minutes, and walking more than two blocks. For physical medicine, the MTUS guideline recommends for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of the reports does not show a recent history of therapy treatments. The patient's surgery is from 2012 and post-op guidelines do not apply. Given the lack of a recent therapy, a short course of treatments may be reasonable if a flare-up, or significant decline in function is documented. However, there are no reports of flare-up's or rationale behind the request. Furthermore, the requested 12 sessions exceed what is allowed per MTUS. The request is not medically necessary.