

<b>Case Number:</b>	CM14-0072295		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	02/08/1995
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 46-year-old female with a date of injury of 02/08/1995. The listed per the physician are: Neuropathic pain., Myofascial pain, and Post-laminectomy syndrome. According to progress report 04/21/2014, the patient presents with neuropathic and myofascial pain secondary to postlaminectomy syndrome and is status post intrathecal pump implant. The patient reports being quite active for the past month. Examination revealed steady gait. The patient continues to wear a back brace. Treater goes on to state that patient should be able to learn better exercises and receive therapy to help strengthen her lower back through core strengthening, so that she can provide adequate pain management in conjunction with the current medication regimen. He believes additional physical therapy/activity would help decrease her oral medication intake. Request for authorization from 04/28/2014 requests 12 sessions of physical therapy at [REDACTED]. Utilization review denied the request on 05/09/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Physical therapy visits to the back, as an outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS has the following Page(s): ages 98,99.

**Decision rationale:** This patient presents with neuropathic and myofascial pain. The treater is requesting 12 physical therapy sessions to help strengthen her core and to learn exercises. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia, myositis type symptoms 9 to 10 sessions over 8 weeks. Given the patient's chronicity of injury, it is likely the patient received physical therapy treatment in the past. The medical file provided for review includes progress reports from 12/30/2013 to 04/21/2014, which provide no physical therapy treatment history. Given the patient's continued pain and lack of documentation of recent physical therapy, a short course may be warranted. However, the treater's request for 12 sessions exceeds what is recommended by MTUS. Recommendation is for denial.