

<b>Case Number:</b>	CM14-0073397		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	08/11/2006
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 Nevada. 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 records, presented for review, indicate that this 70-year-old individual was reportedly injured on August 11, 2006. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated June 2, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated no change in the physical examination, some increased tenderness. The neurovascular status remained intact. Diagnostic imaging studies were not reviewed. Previous treatment included non-steroidal medications, physical therapy, and pain management interventions. A request had been made for additional physical therapy and was not certified in the pre-authorization process on April 22, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy sessions 3 times a week for 4 weeks = 12 sessions: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 98-99 of 127.

**Decision rationale:** Physical therapy for chronic pain can be supported in limited clinical situations. However, it is noted that multiple sessions of physical therapy have been completed

and the guidelines recommend a maximum 10 visits. Transition to home exercise protocol emphasizing overall fitness, conditioning, achieving ideal body weight and maximum flexibility lumbar spine is supported. Therefore, when noting the metaphysical therapy completed and by the physical examination reported, there is no medical necessity for therapy.