

<b>Case Number:</b>	CM14-0075983		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	07/25/1985
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is an 80 year old employee with date of injury of 7/25/1986. Medical records indicate the patient is undergoing treatment for neck pain, low back pain, spondylosis cervical, status post lumbar fusion, chronic opioid use, pseudoarthrosis of lumbar spine and failed back syndrome. Subjective complaints include pain in the neck, 6-7/10 and low back pain 3/10, pain level after PT is at 0/10. Her tolerance to sitting, standing, bending, transfers and activities of daily living has improved. She no longer has increased pain and discomfort while driving. Objective findings include improved trunk strength, improved pelvic control and lumbar stability, increasing tolerance to transfers and upright weight bearing activity. She continues to have mild tightness and soft tissue restrictions in the lumbar paraspinals, quadratus lumborum, glutes and piriformis which improve status post manual treatment. She is limited to secondary decreased trunk stability, decreased trunk endurance, poor pelvic control, decreased activity tolerance and impaired motor control. Treatment has consisted of trigger point injection and PT. The utilization review determination was rendered on 6/9/2014 recommending non-certification of Physical Therapy 2-3 times a week for 12 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2-3 times a week for 12 weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 65-194, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99.

**Decision rationale:** California MTUS guidelines refer to physical medicine guidelines recommend as follows: "Physical Medicine Guidelines -Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2)8-10 visits over 4 weeks Reflex sympathetic dystrophy (CRPS) (ICD9 337.2):24 visits over 16 weeks." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. Although the patient has made functional improvement, the treating physician has not provided evidence of functional deficits that would prevent a transition to a home exercise program. As such, the request for Physical Therapy 2-3 times a week for 12 weeks is not medically indicated.