

<b>Case Number:</b>	CM14-0094100		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	09/21/2001
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 Internal Medicine 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 injured worker is a 58 year old female whose date of injury is 09/21/2001. Diagnoses include degeneration of lumbosacral intervertebral disc, pain in joint lower leg, opioid type dependence, anxiety state unspecified, reflex sympathetic dystrophy of the lower limb, depressive disorder, displacement of lumbar intervertebral disc without myelopathy, cervicalgia, and myalgia and myositis unspecified. Note dated 04/29/14 indicates that the injured worker complains of left leg pain. The injured worker is noted to have a long history of alcohol, heroin, marijuana and opioid substance abuse.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy six sessions for back and neck.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Manual therapy and manipulation Page(s): 58-60.

**Decision rationale:** Based on the clinical information provided, the request for physical therapy six sessions for back and neck is not recommended as medically necessary. There is insufficient clinical information provided to support this request. There is no comprehensive assessment of

treatment completed to date or the patient's response was submitted for review. The number of physical therapy visits completed to date is not documented. There are no specific, time-limited treatment goals provided. CA MTUS guidelines would support 1-2 visits every 4-6 months for recurrence/flare-up and note that elective/maintenance care is not medically necessary.