

<b>Case Number:</b>	CM13-0009992		
<b>Date Assigned:</b>	09/17/2013	<b>Date of Injury:</b>	02/05/2013
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	07/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 59 year old male was injured 2/5/13 resulting in severe left sided low back pain. The mechanism of injury was not clear. Current symptoms include low back pain left side that is 25% improved; left cervical pain 50% improved and pain to the left hamstring radiating from L5. Pain intensity was 3/10. His diagnoses include lumbar sprain/ strain, cervicgia and lumbar IV disc syndrome. Current medication is Norco and he is having physical therapy and chiropractic sessions three times per week. The treating physician has requested additional physical therapy three times per week for three weeks. On 7/15/13 Utilization Review non-certified the request for additional physical therapy (PT) sessions 3 X week X 3 weeks for low back and neck pain based on the injured worker already having 23 PT sessions to date for lumbalgia and cervicgia with no orthopedic or neurological finding in the progress notes to validate continued care. MTUS Chronic Pain Medical Treatment Guidelines and ODG: Low Back; Neck and Upper Back were referenced.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL PHYSICAL THERAPY 3 TIMES WEEK TIMES 3 WEEKS FOR THE LOW BACK AND NECK:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back and ODG Neck and Upper Back

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

**Decision rationale:** Additional physical therapy 3 times a week times 3 weeks for the low back and neck is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for this condition. The documentation indicates that the patient has had excessive therapy already. There are no extenuating circumstances documented as to why the patient requires 9 more supervised therapy sessions. It is not clear why the patient is unable to perform a self directed home exercise program. The request for additional physical therapy 3 times a week times 3 weeks for the low back and neck is not medically necessary.