

<b>Case Number:</b>	CM14-0164841		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	09/09/1999
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 62 year old male who sustained an industrial injury on 09/09/99. Initial complaints and diagnoses are not available. Treatments to date include medications and physical therapy. Diagnostic studies are not addressed. Current complaints include headaches and depression. Current diagnoses include chronic pain, atypical chest pain, reflux disease, anxiety/depression, insomnia with obstructive sleep apnea, and hypertension with hypertensive heart disease. In a progress note dated 07/17/14 the treating provider reports the plan of care as overnight polysomnogram, continue current medications, and progressive physical activity as tolerated. The requested treatments include is physical therapy to the low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for the Low Back; 2x6: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient presents on 07/17/14 with worsening headaches, depression, episodes of chest pain, and sleep disturbances. The patient's date of injury is 09/09/99. Patient has no documented surgical history directed at these complaints. The request is for PHYSICAL THERAPY FOR THE LOW BACK 2X6. The RFA was not provided. Physical examination dated 07/17/14 reveals slight epigastric tenderness to palpation of the abdomen, no other positive physical findings are included. The patient is currently prescribed Melatonin/Gabapentin, AndroGel, Vitamin D3, Magnesium Citrate, Omega 3 fish oil, Vitamin C, Calcium supplement, Provigil, Lunesta, Vitamin A, Carisoprodol, Norco, and Xanax. Diagnostic imaging was not included. Patient's current work status is not provided. MTUS page 98 and 99 has the following: "Physical Medicine: Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS Guidelines page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. In regard to the request for 12 sessions of physical therapy for this patient's continuing lower back complaint, the provider has exceeded guideline recommendations. There is no indication in the records provided that this patient has received any physical therapy prior to this request. However, MTUS guidelines support 8-10 visits for complaints of this nature; the requested 12 sessions exceeds these recommendations. Were the request for 10 sessions, in line with MTUS guidelines, the recommendation would be for approval, however without an appropriate number of visits the request cannot be substantiated. Therefore, the request IS NOT medically necessary.