

<b>Case Number:</b>	CM14-0209579		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	10/20/2000
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 Rehab, has a subspecialty in Interventional spine 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 patient is a 44 year-old male with a 10/20/2000 date of injury. According to the handwritten orthopedic report dated 11/4/14, the patient presents with increased back pain with weather changes, and he has weakness down the legs. He has been diagnosed with lumbosacral myofascial pain syndrome; and bilateral sciatica. There was a prescription for "PT or DC 3x wk for 6 wks" On 11/20/14 utilization review modified a request for PT x18 with PT or DC to allow 9 sessions of PT or chiropractic care. UR states the last therapy was in November 2012.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**18 physical therapy sessions with PT or DC:** Upheld

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

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

**Decision rationale:** The patient has an increase in low back pain due to the weather change. The physician requested physical therapy (PT) or chiropractic care times 18 sessions. MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine section, pages 98-99 state that 8-10 sessions of therapy are indicated for various myalgias or neuralgias. MTUS Chronic Pain

Medical Treatment Guidelines, page 58 section on Manual therapy & manipulation for Low back states: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." The request for 18 sessions of PT or chiropractic care will exceed the MTUS guidelines for physical medicine, and the MTUS guidelines for a trial of chiropractic care. The request for 18 physical therapy sessions with PT or DC is not medically necessary.