

<b>Case Number:</b>	CM15-0007190		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	09/25/2014
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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 58 year old female, who sustained a work/ industrial injury on 9/25/14. She has reported symptoms of low back pain that is described as moderate in intensity and sharp; thoracic and cervical strain; and right wrist sprain. The diagnoses have included low back sprain/strain. Treatment to date has included prior physical therapy sessions with report of feeling 30% better. Musculoskeletal findings note normal gait and range of motion with crepitus, tenderness, and effusion the lumbar and thoracic paraspinal muscles. Medications included Motrin and Flexeril. On 12/31/14, Utilization Review non-certified (8) additional low back physical therapy sessions, noting the California Medical treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines; Back complaints American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines and Official Disability Guidelines (ODG) Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Additional Low Back Physical Therapy Sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG; Work Loss Data Institute

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

**Decision rationale:** The patient presents with constant, moderate and sharp low back pain. The request is for 8 additional low back physical therapy sessions. The request for authorization is not available. Associated symptoms include pain in right wrist, left hip and mid back. Patient is improving with physical therapy and feels 30% better. Patient's medications include Flexeril and Ultram. The patient is returned to work. MTUS Chronic Pain Management Guidelines, pages 98, 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 pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Treater has not provided reason for the request. A short course of physical therapy would be indicated by guidelines given patient's symptoms. However, physical therapy report dated 12/02/14 shows patient attended 8 sessions of authorized visits. Additionally, treater does not discuss any flare-ups, explain why on-going therapy is needed, or reason the patient is unable to transition into a home exercise program. Furthermore, the request for 8 additional sessions of physical therapy would exceed guideline recommendation for the patient's condition. Therefore, the request is not medically necessary.