

<b>Case Number:</b>	CM15-0008419		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	02/24/2003
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	01/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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 female, who sustained an industrial injury on February 24, 2003. She has reported slipping on the floor and twisting her back. The diagnoses have included lumbago, lumbar strain and disc disorder of lumbar spine and disc degeneration. Treatment to date has included diagnostic studies, medication and therapy. Currently, the injured worker complains of low back pain described as a moderate to severe dull aching. The pain is aggravated by bending, standing, twisting and walking. The pain is relieved by anti-inflammatory medication. The range of motion of the lumbar spine was forward flexion 30 degrees from the floor, extension 10 degrees, lateral bending 15 degrees and axial rotation 10 degrees. On January 2, 2015, Utilization Review non-certified physical therapy 3x4 for the low back, noting the California Chronic Pain Medical Treatment Guidelines. On January 14, 2015, the injured worker submitted an application for Independent Medical Review for review of physical therapy 3x4 for 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 3 x 4, low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 98.

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

**Decision rationale:** The patient presents with pain and muscle spasm in her lower back. The request is for 12 SESSIONS OF PHYSICAL THERAPY FOR THE LOW BACK. The utilization review letter on 01/02/15 indicates that the patient has had physical therapy in the past. The patient is retired. For non-post-operative therapy treatments, MTUS guidelines page 98 and 99 allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. In this case, none of the reports discuss how many sessions of therapy the patient has had or how the patient has responded to the physical therapy in terms of pain reduction or functional improvement. The treater does not explain why the patient is unable to transition into a home program. The current request for 12 combined with some already received would exceed what is recommended per MTUS guidelines. The request of physical therapy IS NOT medically necessary.