

<b>Case Number:</b>	CM15-0130498		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	09/17/1999
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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, Hawaii  
 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 39-year-old female who sustained an industrial injury on 9/17/99. The mechanism of injury was unclear. She currently complains of back pain radiating down her left leg. Medications were Duragsic patches, Norco, Lidoderm patches, Xanax, Ambien, Lyrica, Miralax. Diagnoses include degeneration of cervical intervertebral disc; chronic insomnia; depressive syndrome; neuralgia; anxiety disorder; chronic constipation; acid reflux. Treatments to date include medications; pain management psychotherapy; spinal cord stimulator. On 6/9/15 Utilization, review evaluated a request for physical therapy to the back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown physical therapy to the "back" frequency and duration not provided:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic).

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

**Decision rationale:** The patient presents with pain affecting the back with radiation down the left leg. The current request is for Unknown physical therapy to the 'back' frequency and duration not provided. The treating physician report dated 6/4/15 (29B) states, "Patient has also received authorization for 8 physical therapy sessions." The report goes on to state, "Patient would benefit from at least 6 PT visits to re-establish home regimen." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue with a home exercise program. The medical reports provided, show the patient has been authorized to receive at least 8 sessions of physical therapy. In this case, the current request does not specify a quantity of PT sessions to be received by the patient and the MTUS guidelines do not support an open-ended request. Furthermore, the report dated 6/4/15 notes that 8 sessions of physical therapy have already been authorized, so it is unclear why the patient would require additional PT visits. The current request is not medically necessary.