

<b>Case Number:</b>	CM15-0146737		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	05/14/2013
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 51 year old female who sustained an industrial injury on 5-14-13. She has complaints of neck and back pain. Progress report dated 6-11-15 reports continued complaints of neck, mid and low back pain, stiffness, headaches and numbness of the upper and lower extremities. Diagnoses include: chronic cervicothoracic strain and lumbar strain with herniated disc L5-S1 on MRI from September 2013. Plan of care includes: undergo updated MRI of the lumbar spine, needs to be provided physical therapy and acupuncture, request EMG and nerve conduction studies, and needs to be provided with a heating pad. Work status: she is able to work and perform usual duties. Return for follow up in 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3x6 for the lumbar spine:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work-related injury in May 2013 and is being treated for neck and low back pain and headaches after a motor vehicle accident. Treatments have included physical therapy. When seen, she had gained 20 pounds. There was cervical, trapezius, and lumbar tightness. There was decreased lumbar range of motion. There was positive straight leg raising and Phalen's testing appeared to be positive bilaterally. The claimant is being treated for chronic pain with no new injury and has already had physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is well in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.