

<b>Case Number:</b>	CM15-0163626		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	04/11/2008
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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 55 year old female, who sustained an industrial injury on 4-11-2008. She reported pain in the low back with radiation down bilateral lower extremities after she squatted. Diagnoses include lumbar disc displacement without myelopathy and low back pain. Treatments to date include activity modification, medication therapy, and physical therapy. Currently, she complained of ongoing cervical and lumbar spine pain and spasms. On 7-2-15, the physical examination documented lumbar and cervical spine pain. The records documented physical therapy was helping with pain and range of motion. The plan of care included a request to authorize twelve additional physical therapy sessions for lumbar and cervical spine, three times a week for four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional 12 physical therapy visits, for the lumbar and cervical spine:** Upheld

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

**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 injury in April 2008 and continues to be treated for chronic neck and low back pain. Recent treatments have included physical therapy beginning on 06/08/15 at a frequency of three times per week for four weeks. As of 06/24/15 there had been completion of six treatment sessions. When seen, she was having ongoing cervical spine muscle spasms. Pain was rated at 7/10. Physical examination findings were not recorded. Therapy is referenced as improving pain and range of motion. Authorization for an additional 12 treatment sessions was requested. In this case, the claimant is being treated for chronic pain with no new injury and has recently 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 this case, the number of visits requested is 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.