

<b>Case Number:</b>	CM15-0167291		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	08/04/2013
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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:

This 63 year old man sustained an industrial injury on 8-4-2013. The mechanism of injury is not detailed. Diagnoses include cervical spine sprain-strain, discogenic sprain-strain, lumbar spine sprain-strain, and depression. Treatment has included oral medications, acupuncture, and physical therapy. Physician notes from physical medicine and rehabilitation on a PR-2 dated 8-11-2015 show complaints of low back pain rated 8 out of 10, neck pain rated 8 out of 10, chest pain rated 8 out of 10, head and chin pain rated 8 out of 10, left lower extremity pain rated 8 out of 10. Recommendations include physical therapy, chiropractic care, acupuncture, and follow up in 45 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 additional physical therapy sessions 2 times weekly for 6 weeks to lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment 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) Neck and

Upper Back (Acute & Chronic), physical therapy (20 Low Back - Lumbar & Thoracic (Acute & Chronic), physical therapy.

**Decision rationale:** The claimant sustained a work-related injury in August 2013 while pulling milk cartons across a floor and is being treated for low back pain. Treatments have included chiropractic care and acupuncture. Physical therapy was requested in June 2015 and a therapy re-evaluation was done on 07/23/15. When seen, pain was rated at 8/10. Medications and therapy were helping and he was using a TENS unit. Physical examination findings included cervical and lumbar tenderness with decreased and painful range of motion. Seated straight leg raising was positive. Additional physical therapy was requested with diagnoses of sprain / strains of the cervical, thoracic, and lumbar spine. In terms of physical therapy for these conditions, guidelines recommend up to 9 treatment sessions over 8 weeks for the neck and for the thoracic and lumbar spine. Partial concurrent care would be expected. 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 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.