

<b>Case Number:</b>	CM15-0196568		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	10/13/2010
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

### 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 72 year old female who sustained an industrial injury on 10-13-2010. A review of medical records indicates the injured worker is being treated for cervical spine sprain strain, multilevel disc protrusion and facet arthropathy, cervical spine, per MRI, rule out cervical radiculopathy, low back pain, and anterolisthesis. Medical records dated 9-7-2015 noted neck pain, lower back pain, and bilateral knee pain. Physical examination noted limited range of motion of the lumbar spine and the generalized sensory deficit in the left lower extremity. Treatment has included medical imaging and physical therapy (amount unknown). Utilization Review form dated 9-23-2015 non-certified physical therapy 2x6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 6 weeks for the low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** According to the CA MTUS guideline cited, physical medicine for myalgia is 9-10 visits over 8 weeks, while neuralgia is 8-10 visits over 4 weeks. In all cases, injured workers are instructed and expected to continue active therapies at home to maintain improvement levels. In the case of this injured worker, physical medicine may be a reasonable treatment option for her diagnoses, but the requested 12 visits is not within guidelines. Therefore, the request for physical therapy 2 times a week for 6 weeks for the low back is not medically necessary and appropriate.