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| <b>Case Number:</b>   | CM15-0082344 |                              |            |
| <b>Date Assigned:</b> | 05/04/2015   | <b>Date of Injury:</b>       | 06/26/2014 |
| <b>Decision Date:</b> | 06/04/2015   | <b>UR Denial Date:</b>       | 04/14/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/29/2015 |

### 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 39 year old female sustained an industrial injury on 6/26/14. Diagnoses include lumbar sprain /strain and lumbosacral or thoracic neuritis. Treatments to date include x-ray and MRI testing, TENS therapy, injections and prescription pain medications. The injured worker continues to experience low back pain. Upon examination, normal gait and decreased range of motion was noted. A request for Physical therapy 1 x wk x 6 wks lumbar spine was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 1 x wk x 6 wks lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

**Decision rationale:** The claimant is nearly one-year status post work-related injury and continues to be treated for low back pain. Treatments have included medications, TENS, and

physical therapy all with benefit. As of 11/05/14, she had completed physical therapy and was to continue a home exercise program. When seen, she had decreased range of motion with tenderness. Recommendations included continuation of a home exercise program. Authorization for physical therapy including manipulation was requested. Work restrictions were continued. In this case, a trial of manipulation through physical therapy is being requested. In reviewing the therapeutic content of her previous treatments, manual therapy consisted of myofascial release techniques. In terms of manipulation, guidelines recommend a trial of 6 visits over 2 weeks with further treatment considered if there is objective evidence of functional improvement. In this case, the frequency of treatment being requested is not consistent with the guideline recommendation and therefore not medically necessary.