

<b>Case Number:</b>	CM14-0125533		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	08/26/2011
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 27-year-old female with a date of injury of 08/26/2011. The listed diagnoses per [REDACTED] are sciatica, chronic pain and degenerative lumbar/lumbosacral intervertebral disk. According to progress report 03/06/2014, the patient presents with complaints of low back pain. The physician states the patient has moved from [REDACTED] indefinitely and will need refill of medications and physical therapy. Examination revealed decreased range of motion of the lower back. The bilateral upper extremity strengths were 5/5 and bilateral lower extremity strengths were 4/5. The physician is requesting physical therapy 2 times a week for 6 weeks for the lumbar spine. Utilization review denied the request on 07/23/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 x week x 6 weeks Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Physical Therapy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid, Pain Assessment Page(s): 88-89, 78.

**Decision rationale:** This patient presents with chronic low back pain. The physician is requesting physical therapy 2 times a week for 6 weeks for the lumbar spine." For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia and myositis type symptoms, 9 to 10 sessions over 8 weeks. Progress reports 01/23/2014 and 03/06/2014, both state that the patient has been "coordinated by physical therapy." Progress report, 12/20/2013, indicates the patient will be staying with her mother and her mother will "help her manage home physical therapy." These are the only three progress reports provided for review. It is unclear as to the number of physical therapy visit the patient has received and when they were received. Utilization Review indicates 12 prior visits of land and aquatic therapy "have been documented." In this case, the physician does not explain what can be accomplished with additional therapy. In addition, the physician request for 12 sessions exceeds what is recommended by MTUS. Therefore the request is not medically necessary.