

<b>Case Number:</b>	CM14-0147397		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	04/23/2014
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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 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:

This is a 45-year-old female with a 4/23/14 date of injury. The mechanism of injury occurred when the patient was pulling a pallet and felt a pop and pain in his lower back. According to a progress report dated 7/18/14, the patient complained of mid and lower back pain with no lower extremity radicular or neurologic complaints. Objective findings: tenderness in the thoracic and lumbosacral areas, limited ROM. Diagnostic impression: thoracolumbar spondylosis, myofascial sprain. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 8/29/14 denied the request for physical therapy to lumbar 3 visits per week for 2 weeks. There is no explicit documentation of functional improvement from previous therapy sessions, such as increased activities of daily living or reduced work restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT 3X2:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines General Approaches, pages 98-99 Page(s): 98-99. Decision based on Non-MTUS Citation ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6, page 114

**Decision rationale:** CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. According to the UR decision dated 8/29/14, the patient has had prior physical therapy sessions. There is no documentation of functional improvement or gains in activities of daily living from the prior physical therapy sessions. It is unclear how many sessions he has had previously. In addition, it is unclear why the patient is not participating in an independent home exercise program. Therefore, the request for PT 3x2 was not medically necessary.