

<b>Case Number:</b>	CM14-0216223		
<b>Date Assigned:</b>	01/21/2015	<b>Date of Injury:</b>	12/31/2005
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2014

### 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. 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: Georgia

Certification(s)/Specialty: Anesthesiology, 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:

The patient is a 54 year old female presenting with a work related injury on 12/31/2005. The patient is being treated for chronic pain in the low back with radicular symptoms. On 01/23/2014, the physical exam was significant for antalgic gait and an abnormal tandem gait, lumbosacral range of motion was reduced including flexion, extension, right lateral bending and left lateral bending, extension caused severe low back pain, evidence of point tenderness over the midline at L5, trigger points elicited in the lumbar paraspinal musculature bilaterally at the L4-S1 spinal levels. The patient was diagnosed with lumbar radiculopathy, myofascial syndrome, chronic pain-related insomnia and chronic pain-related sexual dysfunction.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve physical therapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines and Low Back - Lumbar & Thoracic (Acute & Chronic) Chapters

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 99.

**Decision rationale:** Page 99 of Ca MTUS states "physical therapy should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. For myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, neuralgia, neuritis, and radiculitis, unspecified (ICD-9 729.2) 8-10 visits over 4 weeks is recommended. The claimant's medical records indicated that he had prior therapy visits of acupuncture without documented benefit. Additionally, there is lack of documentation that the claimant participated in active self-directed home physical medicine to maximize his benefit with physical therapy; therefore, the requested service is not medically necessary.