

<b>Case Number:</b>	CM14-0216538		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	07/24/2014
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2014

### 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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 58 year old female with the injury date of 07/24/14. Per physician's report 11/11/14, the patient has neck and lower back pain at 8-9/10, aggravated by her activities and relieved by rest. The patient has had 6 sessions of physical therapy and 6 sessions of chiropractic treatment in the past. The patient is taking Ibuprofen, Hydrocodone with Codeine, Tylenol and Omeprazole. The patient is not working. Per 10/07/14 progress report, the patient has low back pain at 8-10/10, radiating down her legs bilaterally. The patient has had 6 sessions of physical therapy and 6 sessions of chiropractic treatment. The patient states that "both treatments provided no substantial benefit." The patient takes Ibuprofen and Etodolac. She feels medications provide some transient benefit. The patient knows how to perform her exercise and is doing exercise regularly. Per 08/07/14 progress report, the patient has low back pain at 9/10. The lists of diagnoses are: 1) Sprain/ strain lumbar. 2) Sprain/ strain sacrum. The utilization review determination being challenged is dated on 11/26/14. Treatment reports were provided from 08/07/14 to 11/11/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the lumbar spine, 2 times a week for 4 weeks; 8 sessions: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, The Back Initial Care

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 98-99.

**Decision rationale:** The patient presents with pain and weakness in her neck, lower back and her lower extremity. The request is for 8 sessions of physical therapy for the lumbar spine. The review of the reports indicates that the patient has had 6 sessions of physical therapy. Per 10/07/14 progress report, the patient states that [physical therapy and chiropractic treatment] provided no substantial benefit. For non-post-operative therapy treatments, MTUS guidelines page 98 and 99 allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. In this case, the treater states that the patient knows how to perform her exercise and is doing exercise regularly. According to 11/11/14 report, the patient apparently completed 6 sessions of PT and chiro with "no substantial benefit." The treater has asked for additional therapy but does not provide a rationale. Prior treatments have failed and it is not known what more therapy is going to accomplish. Furthermore, the current request for 8 combined with 6 already received would exceed what is recommended per MTUS guidelines. The request IS NOT medically necessary.