

<b>Case Number:</b>	CM15-0000209		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	01/11/2005
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2015

### 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 56 year old female was injured 1/11/05. The mechanism of injury was not clear. Current complaints include back and neck pain that compromise her activities of daily living. Diagnoses include cervical strain and moderate desiccation and annular tear L4-5. Treatments to date include trigger point injection X2 into the sacroiliac distribution and experienced an immediate reduction in pain. The provider requested physical therapy (PT) 3X4 for the lumbar spine as the injured worker is highly deconditioned. She has lost range of motion and needs to gain further strength in the hips, lower back and lower extremities in order to enhance the healing process. She should continue with active PT until maximum improvement has been reached with regard to strength, range of motion, overall conditioning and flexibility. On 12/23/14 Utilization Review non-certified the request for physical therapy (PT) 3 X 4 lumbar based on documentation that would indicate two sessions of PT to allow for functional improvement and/ or decrease in pain, re-education in a prescribed self-administered program and assessment of compliance. MTUS Chronic Pain Guidelines were referenced.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3 times a week for 4 weeks Lumbar: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 98-99.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation (1) Chronic pain, Physical medicine treatment. (2)  
Preface, Physical Therapy Guidelines

**Decision rationale:** The claimant is nearly 10 years status post work-related injury and continues to be treated for chronic neck and low back pain. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the the number of visits requested is in excess of that recommended and therefore not medically necessary.