

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0014779 |                              |            |
| <b>Date Assigned:</b> | 02/02/2015   | <b>Date of Injury:</b>       | 01/01/1998 |
| <b>Decision Date:</b> | 03/26/2015   | <b>UR Denial Date:</b>       | 01/14/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/26/2015 |

### 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: California, Arizona  
 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 injured worker is a 60-year-old female who reported an injury on 01/01/1998 due to an unspecified mechanism of injury. On 01/05/2015, she presented for a followup evaluation regarding her work related injury. She reported that she continued to take Norco on a daily basis for her pain and occasionally some of her spasms. She noted that physical therapy was discontinued and wished to pursue with additional physical therapy. She reported pain that radiated from the back to the right buttock and leg and no motor or sensory deficits were reported. A physical examination of the lumbar spine showed mild diffuse nonlocalized tenderness in the paraspinous regions and no appreciable spasm, no midline tenderness, no sciatic notch tenderness, and medial SI tenderness left greater than the right. Straight leg raise was negative, she had a normal gait, and there were no motor or sensory deficits. She had 90 degrees of anterior flexion and 20 degrees of extension with normal rotation, but pain with all ranges of motion. She was diagnosed with low back pain, osteoarthritis, and cervical disc degeneration. The treatment plan was for physical therapy for the low back 3 times a week for 10 weeks. The rationale for treatment was to treat the injured worker's deficits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the low back, three times a week for ten weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy

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

**Decision rationale:** The California MTUS Guidelines indicate that physical therapy is recommended for 9 to 10 visits over 8 weeks for the injured worker's condition. The documentation provided does indicate that the injured worker is having issues with range of motion. However, further clarification is needed regarding how many sessions of physical therapy she had attended previously, and her response to those sessions in terms of quantitative decrease in pain and an objective improvement in function. Also, the number of sessions being requested exceeds guideline recommendations. No exceptional factors were noted to support exceeding the guidelines, and therefore, the request would not be supported. As such, the request is not medically necessary.