

<b>Case Number:</b>	CM15-0115299		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	07/15/1998
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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

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:

The injured worker is an 81 year old female, who sustained an industrial injury on 7/15/98. The injured worker was diagnosed as having lumbar spine radiculopathy. Treatment to date has included physical therapy and medication. Physical examination findings on 5/6/15 included virtually absent cervical and lumbar range of motion. Currently, the injured worker complains of cervical spine and lumbar spine pain. The treating physician requested authorization for physical therapy 2x6 for the neck and low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 6 weeks to the neck and low back:** Upheld

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

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

**Decision rationale:** The request for physical therapy for twice a week for six weeks to the neck and low back is not considered medically necessary at this time. It was determined that the

patient previously underwent physical therapy. However, there was no documentation of subjective and objective functional improvement garnered from the prior sessions of physical therapy. With this, the request for physical therapy for twice a week for six weeks to the neck and low back is considered not medically necessary at this time.