

<b>Case Number:</b>	CM15-0126333		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	02/05/2010
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck, mid pain, and low back pain reportedly associated with an industrial injury of February 6, 2010. In a Utilization Review report dated June 26, 2015, the claims administrator failed to approve a request for nine sessions of physical therapy for the cervical and lumbar spines. The claims administrator referenced an RFA form received on June 19, 2015 in its determination. The applicant's attorney subsequently appealed. In a progress note dated November 8, 2014, the applicant reported ongoing complaints of neck, low back, mid back, and shoulder pain. The applicant was off of work and receiving [REDACTED] ([REDACTED]), it was reported. On June 26, 2015, the applicant again reported ongoing complaints of low back, neck, and shoulder pain. A bigger lumbar support was endorsed. The applicant was using a cane to move about. The applicant had difficulty walking in the clinic. On June 11, 2015, the applicant again reported ongoing complaints of low back, mid back, neck, and shoulder pain. The applicant was described as off of work and receiving [REDACTED] ([REDACTED]) benefits, it was reported. The applicant was using a cane to move about.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**9 Physical Therapy Visits for the Cervical and Lumbar Spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment for Workers' Compensation, Online Edition, 2015.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Functional Restoration Approach to Chronic Pain Management Page(s): 99; 8.

**Decision rationale:** No, the request for nine sessions of physical therapy for the cervical and lumbar spine was not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 9 to 10 sessions of treatment for myalgias and myositis of various body parts, the diagnosis reportedly present here, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was off of work and receiving both disability insurance and indemnity benefits, it was suggested on several progress notes referenced above. The applicant was using a cane to move about, it was reported in June 2015. It did not appear, in short, the applicant profited from receipt of earlier unspecified amounts of physical therapy over the course of the claim in terms of the functional improvement parameters established in MTUS 9792.20e. Therefore, the request for nine additional sessions of physical therapy was not medically necessary.