

<b>Case Number:</b>	CM15-0033784		
<b>Date Assigned:</b>	02/27/2015	<b>Date of Injury:</b>	09/22/2001
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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

### 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 52-year-old female with an industrial injury dated September 22, 2001. The injured worker diagnoses include lumbar myofascial pain, chronic pain syndrome; status post left knee surgery and emotional factors. She has been treated with diagnostic studies, radiographic imaging, prescribed medications, lumbar spine corset and periodic follow up visits. According to the progress note dated 11/12/2014, the treating physician noted cervical spine tightness and myofascial restrictions of the lumbar spine. Straight leg raise test was positive on the right. In a progress note dated 1/7/2015, the treating physician treatment plan consisted of prescribed medications and a request for physical therapy. The complete progress note for primary treating physician report dated 1/7/2015 was not submitted for review. The treating physician prescribed services for physical therapy 2 times a week for 6 weeks QTY: 12. Utilization Review determination on February 6, 2015 modified the request to physical therapy two times a week for 5 weeks QTY:10, citing MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy Qty 12.00:** Upheld

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

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

**Decision rationale:** This patient presents with low back pain and chronic pain syndrome. The treater is requesting physical therapy quantity 12. The RFA was not made available for review. The patient is not post-surgical. The patient's date of injury is from 09/22/2001 and her current work status was not made available. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The records do not show any physical therapy reports. None of the reports from 03/03/2014 to 01/07/2015 mentions physical therapy treatments. The 11/12/2014 report notes that the patient complains of low back pain at a rate of 6-7/10. The patient is flared and suffers from chronic pain syndrome and secondary myofascial syndrome. She has myofascial restrictions and a positive straight leg raise on the right at 60. In this case, a short course of physical therapy is appropriate to address the patient's current symptoms. However, the requested 12 sessions exceed MTUS guidelines. The request is not medically necessary.