

<b>Case Number:</b>	CM15-0094719		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	05/22/2014
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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 43 year old female, who sustained an industrial injury on 5/22/2014. She reported sudden onset low back pain during pushing/pulling activity. Diagnoses include neck sprain, cervicalgia, intervertebral disc disorder with myelopathy and sciatica. Treatments to date include medication therapy, chiropractic therapy, and physical therapy and trigger point injection. Currently, she complained of neck pain rated 3/10 VAS and low back pain rated 4/10 VAS. She had completed eight chiropractic session and physical therapy twice a week for four weeks with 60% improvement in symptoms and as a result requires less medication. She also complained of difficulty sleeping due to pain. On 4/6/15, the physical examination documented cervical muscle and facet tenderness with decreased range of motion. There was a positive compression test and positive shoulder compression test. Tenderness was noted in the lumbar muscles and facet joints, in the sacroiliac joint and sciatic notch. The plan of care included additional physical therapy twice a week for three weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Additional Outpatient Physical Therapy for the lumbar spine, 2 sessions per week for 3 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic).

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

**Decision rationale:** The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program for flare-up, new injury, progressive deterioration, or with documented functional improvement in terms of increased ADLs with decreased pharmacological profile and medical utilization. For chronic injury with new findings, therapy may be medically appropriate to allow for relief and re-instruction on a home exercise program for a chronic injury. It appears the patient made some progress with therapy; however, request for additional therapy is beyond the treatment quantity for guidelines criteria, as the patient should continue to progress and be transitioned to an independent home exercise program from modalities previously instructed. Submitted reports have not adequately demonstrated the indication to support for excessive PT sessions without extenuating circumstances established beyond the guidelines. The 6 Additional Outpatient Physical Therapy for the lumbar spine, 2 sessions per week for 3 weeks is not medically necessary and appropriate.