

<b>Case Number:</b>	CM13-0033558		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	06/13/2010
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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], employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 13, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy and chiropractic manipulative therapy over the life of the claim; a prior SI joint block; lumbar traction; temporary periods of disability; and apparent subsequent return to work. In September 30, 2013, Utilization Review report, the claims administrator denied a request for 12 sessions of physical therapy, citing a lack of functional improvement with prior physical therapy sessions. The applicant's attorney later appealed, on October 14, 2013. A later progress note of November 11, 2013 is notable for comments that the applicant reports persistent low back pain. She states that she would like to return to work. She is status post trigger point injection therapy. Her pain complaints are resolving. She stands erect. She is able to squat. She weighs 170 pounds with a height of 5 feet 7. She is asked to continue medications and return to work without restrictions. In an earlier note of November 4, 2013, the applicant did receive trigger point injections and was kept off of work for a week.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 x week x 4 week with home exercise program lumbar pain:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 8.

**Decision rationale:** The 12 sessions of physical therapy being proposed here would alone represent treatment in excess of the 9 to 10 session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts. It is further noted that Pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines further emphasize active therapy, active modalities, and self-directed home physical medicine. In this case, it appears that the applicant is possessed of sufficient function so as to transition to an independently performed home exercise program. She ultimately returned to work, on November 11, 2013. She did not have any profound neurologic or musculoskeletal deficits; it was noted on that date. While a lesser course of treatment on the order of a few sessions could have been supported to facilitate the applicant's transition to home exercise program, the 12-session course of treatment being proposed here cannot, as it runs counter to the principal articulated in page 99 of the MTUS Chronic Pain Medical Treatment Guidelines to taper or fade the frequency of treatment over time. Therefore, the request is not certified.