

<b>Case Number:</b>	CM13-0035559		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	12/10/2012
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	07/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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 patient is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 10, 2012. Thus far, the patient has been treated with the following: Analgesic medications; unspecified amounts of acupuncture over the life of the claim; 18 prior sessions of physical therapy, per the claims administrator, some of which were in aquatic in nature; transfer of care to and from various providers in various specialties; and work restrictions. In a utilization review report of July 16, 2013, the claims administrator denied a request for additional six sessions of physical therapy, including aquatic therapy. The patient later appealed, on October 11, 2013. An earlier progress report of July 23, 2013 is notable for comments that the patient is off of work and has been off of work since April 2, 2013. The applicant has not made significant improvement with prior physical therapy and manipulative therapy, it is acknowledged. She is now one year status post in the injury. Her work restrictions are not being accommodated. She exhibits a normal gait and station. She is asked to pursue additional physical therapy while employing Motrin and Tylenol. A rather proscriptive 10-pound lifting limitation is endorsed, which is unchanged from a prior office visit of June 11, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Sessions Physical Therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

**Decision rationale:** The patient has already had prior treatment (18 sessions); seemingly well 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. The applicant has failed to demonstrate any clear-cut evidence of functional improvement as defined in MTUS 9792.20f following completion of the same. She has failed to return to work. A rather proscriptive 10-pound lifting limitation remains in place, seemingly unchanged from visit to visit. The applicant remains reliant on various forms of medical treatments, including medications and aquatic therapy, although she appears to be independently ambulatory and is candidate for land-based therapy and/or land-based exercises, it is further noted. Continuing physical therapy in the face of the patient's failure to improve is not indicated, for all of the stated reasons. Therefore, the request is not certified, on independent medical review.