

<b>Case Number:</b>	CM13-0043188		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	10/13/1999
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2013

### 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. The expert reviewer is Board Certified in Occupational medicine and is licensed to practice in Texas. 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/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 injured worker is a 64 year old female injured on 10/13/99 as a result of lifting children resulting in low back pain. Current diagnoses include lumbar degenerative disc disease, right lower extremity radiculopathy, diffuse regional myofascial pain, and history of cognitive disorder related Hashimoto's thyroiditis. Clinical note dated 10/03/13 indicates the injured worker reported ongoing low back pain with occasional flare-ups treated with rest, medication, physical therapy, acupuncture, and trigger point injections. Physical examination revealed inability to heel walk due to weakness in right lower extremity, myofascial changes in the lumbar paraspinous muscles with some hyperalgesia in both gluteal musculature, negative straight leg raise bilaterally, reflexes 2+ in bilateral knees absent in the ankles and noted hyperesthesia in the right lower extremity in the L5-S1 dermatome. The documentation indicates the injured worker reports benefit and increase function with current medication regiment. Recommendation for six sessions of educationally based physical therapy and continuation of current analgesics. Listed medications were previously noted as Vicodin 5/500 three times daily, Methocarbamol 750mg four times daily, and Tylenol ES 500mg. The initial request for continuation of current analgesics and six sessions of educationally based physical therapy was initially non-certified on 10/17/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CONTINUATION OF CURRENT ANALGESICS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 73.

**Decision rationale:** The request for continuation of current analgesics fails to indicate the medications to be reviewed, the dose, frequency, number of refills and the length of time to be continued. The ambiguity of the request limits the ability to substantiate its medical necessity. As such, the Continuation of Current Analgesics is not medically necessary.

**6 SESSIONS OF EDUCATIONAL BASED PHYSICAL THERAPY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 99.

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

**Decision rationale:** As noted on page 98 of the Chronic Pain Medical Treatment Guidelines, current guidelines recommend 10 visits over 8 weeks for the treatment of lumbar strain/sprain and allow for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home physical therapy. The documentation indicates the injured worker has attended prior physical therapy; however, the number of sessions and any functional improvement as a result of those sessions was not provided. There is no documentation of exceptional factors that would support the need for therapy that exceeds guidelines either in duration of treatment or number of visits. Without further documentation, the 6 Sessions of Educational Based Physical Therapy are not medically necessary.