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| <b>Case Number:</b>   | CM13-0044291 |                              |            |
| <b>Date Assigned:</b> | 03/28/2014   | <b>Date of Injury:</b>       | 08/23/2012 |
| <b>Decision Date:</b> | 08/20/2014   | <b>UR Denial Date:</b>       | 10/25/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/25/2013 |

### 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 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 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 applicant has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 23, 2012. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; reportedly normal electrodiagnostic testing of July 30, 2013; unspecified amounts of physical therapy to date; and lumbar MRI imaging of September 20, 2012, notable only for low grade 1 mm disk bulges at L4-L5 and L5-S1. In a utilization review report dated October 25, 2013, the claims administrator denied a request for 18 sessions of physical therapy, citing non-MTUS ODG Guidelines, although the MTUS did address the topic. In a progress note dated August 28, 2013, the applicant was described as having persistent complaints of low back pain 1 to 2/10. The applicant is using Naprosyn, Xanax, Norco, and Flexeril it was stated. The applicant was also using prednisone and acyclovir for Bell palsy, in addition to topical compounds. Attending provider stated in the progress note that he was endorsing 12 sessions of physical therapy along with prescriptions for ketoprofen, Neurontin, tramadol, Flexeril, and Naprosyn. A rather proscriptive 25-pound lifting limitation was endorsed. It was not clearly stated whether or not the applicant was working with said limitation in place. On November 26, 2013, it was suggested that the applicant was going to physical therapy thrice weekly, despite ongoing complaints of 5/10 low back pain. The attending provider suggested that the applicant was in fact working with the 25-pound lifting limitation. The attending provider suggested that the applicant pursue a third sacroiliac joint injection.

### 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 FOR 6 WEEKS FOR THE LUMBAR SPINE:** 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): 98-99.

**Decision rationale:** The 18-session course of treatment, in and of itself, represents treatment that is well in excess of 9 to 10 session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the issue reportedly present here. It is further noted that pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines further emphasize active therapy, active modalities, and tapering or fading the frequency of treatment over time and emphasizing self-directed home physical medicine as an extension of the treatment process. The 18-session course of treatment proposed by the attending provider, then, runs counter to MTUS principles and parameters. Therefore, the request is not medically necessary.