

<b>Case Number:</b>	CM13-0048813		
<b>Date Assigned:</b>	04/04/2014	<b>Date of Injury:</b>	11/08/2011
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### 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 November 8, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; at least 9 to 12 sessions of physical therapy and 6 sessions of chiropractic manipulative therapy, per the claims administrator; and extensive periods of time off of work. In a January 9, 2014 progress note, the applicant was described as having persistent low back pain issues. The applicant is asked to complete previously ordered physical therapy and employ Naprosyn for pain relief. The applicant was asked to remain off of work, on total temporary disability, for an additional five weeks. In a September 26, 2013 progress note, the applicant was again placed off of work, on total temporary disability. The attending provider stated that the applicant benefitted from three earlier sessions of physical therapy and therefore endorsed 12 additional sessions of physical therapy for the applicant's chronic low back pain. The applicant was described as using Lidoderm patches, Naprosyn, and Prevacid.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY THREE (3) TIMES A WEEK FOR FOUR (4) WEEKS:** Upheld

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

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

**Decision rationale:** The 12-session course of treatment proposed by the attending provider does, in and of itself, 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, the issue reportedly present here. In this case, there has been no demonstration of functional improvement, which would support further treatment beyond the guideline. The applicant is off of work, on total temporary disability. Significant pain complaint persists. The applicant remains reliant on various medications, including Naprosyn and lidocaine patches. All the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite completion of earlier physical therapy in excess of the guidelines. Therefore, the request for additional physical therapy is not certified, on independent medical review.