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| <b>Case Number:</b>   | CM13-0062005 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 01/07/2013 |
| <b>Decision Date:</b> | 05/05/2014   | <b>UR Denial Date:</b>       | 11/04/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/05/2013 |

### 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 filed a claim for chronic low back pain reportedly associated with an industrial injury of January 7, 2013. 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; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of November 4, 2013, the claims administrator denied a request for eight additional sessions of physical therapy, citing mislabeled guidelines from various sources, including ACOEM Chapter 6 and ODG Physical Therapy Guidelines, the latter of which was mislabeled as originating from the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's attorney subsequently appealed. A clinical progress note of December 2, 2013, is notable for comments that the applicant reports persistent low back pain. The applicant is on Flexeril and Tylenol No 3. The applicant's low back pain is apparently increased with some radiation of pain to the left thigh; it is stated in the one section of the report. In another section of the report, it is stated that the applicant is slowly improving. The applicant is given prescription for Tylenol No. 3 and Flexeril and placed off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY FOR THE LOW BACK-LUMBAR SPINE (2X4): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 114,Chronic Pain Treatment Guidelines Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 8,99.

**Decision rationale:** While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse a general course of 8 to 10 sessions of treatment for the diagnosis of radiculitis, seemingly present here. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines states that there must be some demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, however, the applicant is off of work, on total temporary disability, despite having completed prior unspecified amounts of physical therapy. The applicant remains highly reliant on various medications, including Tylenol No. 3 and Flexeril. Continued physical therapy is not indicated in the face of the applicant's failure to demonstrate functional improvement as defined in MTUS 9792.20f. Therefore, the request is not certified, on Independent Medical Review.