

<b>Case Number:</b>	CM13-0071500		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	04/06/2000
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/27/2013

### 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 patient is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; various and sundry interventional spine procedures; and unspecified amounts of psychotherapy the course of the claim. In a Utilization Review Report dated December 27, 2013, the claims administrator denied a request for 12 sessions of physical therapy, citing non-MTUS ODG Guidelines outright, although the MTUS did in fact address the topic at hand. The patient's attorney subsequently appealed. On October 25, 2013, the patient presented with persistent complaints of low back pain status post radiofrequency ablation procedure. The patient reported 5/10 pain with limited range of motion noted about the neck and low back. Physical therapy was endorsed. It was stated that the patient was planning to relocate to [REDACTED]. In an earlier note of October 2, 2013, the patient underwent a lumbar epidural steroid injection and was asked to continue his routine exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY QTY: 12.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG ONLINE TREATMENT GUIDELINES

([HTTP://WWW.ODG-TWC.COM/ODGTWC/LOW\\_BACK.HTM](http://www.odg-twc.com/odgtwc/low_back.htm)), ODG PHYSICAL THERAPY GUIDELINES.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic Page(s): 98-99.

**Decision rationale:** The 12-session course of treatment proposed, in and of itself, represents treatment in excess of the 8-10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here. No rationale for treatment in excess of the MTUS parameters is provided. It is further noted that both pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines endorse active therapy, active modalities, and self-directed home physical medicine as opposed to the lengthy formal course of physical therapy proposed by the attending provider during the chronic pain phase of an injury of the claim. No rationale for treatment in excess of the MTUS parameters and principals was provided. Therefore, the request is not medically necessary.