

<b>Case Number:</b>	CM14-0009221		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	08/01/2013
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 is a represented [REDACTED] employee who has filed a claim for chronic neck, mid back, and low back pain reportedly associated with an industrial injury of August 1, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; and 12 earlier sessions of physical therapy, per the claims administrator. In a Utilization Review Report dated January 15, 2014, the claims administrator denied a request for six sessions of physical therapy and six sessions of occupational therapy apiece for the neck, midback, and low back, citing non-MTUS ODG Guidelines in its denial. Somewhat incongruously, the claims administrator documented that the applicant was improving with earlier treatment. The applicant's attorney subsequently appealed. In December 18, 2013 progress note, handwritten, difficult to follow, not entirely legible, the applicant reported persistent complaints of low back pain. The note was handwritten and difficult to follow. The applicant exhibited lumbar paravertebral tenderness and associated limitation in motion. Additional physical therapy, occupational therapy, unspecified medications, and home exercises were endorsed while the applicant was kept off of work, on total temporary disability. On an earlier note of December 5, 2013, the applicant was again described as off of work, on total temporary disability. The applicant was using several topical compounded drugs, including a flurbiprofen-containing cream as well as a baclofen-containing cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OCCUPATIONAL THERAPY 2XWK X 3WKS NECK THORACIC AND LUMBAR.:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE, PAGE 99

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic. MTUS 9792.20f. Page(s): 99.

**Decision rationale:** The applicant has already had prior treatment (12 sessions), seemingly in excess of the 9- to 10-session course recommended by the Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts, the issue reportedly present here. In this case, there has, however, been no demonstration of functional improvement which would support further treatment beyond the guideline. The applicant is off of work, on total temporary disability. The applicant remains highly reliant on various medications, including multiple topical compounded agents, suggesting a lack of functional improvement as defined in MTUS section 9792.20f. The request for occupational therapy for the neck, thoracic, and lumbar, twice weekly for three weeks, is not medically necessary or appropriate.

**PHYSICAL THERAPY 2XWK X 3WKS NECK, THORACIC AND LUMBAR:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE, PAGE 99

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic. MTUS 9792.20f. Page(s): 99.

**Decision rationale:** The applicant has already had prior treatment (12 sessions), seemingly in excess of the nine to ten session course recommended by the Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the issue reportedly present here. There has, furthermore, been no demonstration of functional improvement which would support further treatment beyond the guideline. The applicant is off of work. The applicant remains highly reliant and highly dependent on topical compounded drugs as well as oral medications. The request for physical therapy for the neck, thoracic, and lumbar, twice weekly for three weeks, is not medically necessary or appropriate