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| <b>Case Number:</b>   | CM14-0010017 |                              |            |
| <b>Date Assigned:</b> | 02/21/2014   | <b>Date of Injury:</b>       | 01/06/2009 |
| <b>Decision Date:</b> | 06/25/2014   | <b>UR Denial Date:</b>       | 01/13/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/24/2014 |

### 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 low back pain reportedly associated with an industrial injury of January 6, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; topical compounds; unspecified amounts of manipulative therapy; psychological counseling; and extensive periods of time off of work. In a Utilization Review Report dated January 13, 2014, the claims administrator denied a request for 12 sessions of physical therapy, citing a variety of MTUS and non-MTUS Guidelines. The applicant's attorney subsequently appealed. In a handwritten note dated October 5, 2013, difficult to follow, not entirely legible, the applicant was described as reporting multifocal neck, low back, and elbow pain. The applicant is given diagnoses of low back pain, carpal tunnel syndrome, elbow epicondylitis, wrist pain, and neck pain. Topical compounds, physical therapy, and manipulative treatment were seemingly endorsed. In a December 5, 2012 medical-legal evaluation, it was stated that the applicant had not worked in some time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY TWO TIMES PER WEEK FOR SIX WEEKS, LUMBAR:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 99. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Low Back

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48,Chronic Pain Treatment Guidelines Physical Medicine topic. Page(s): 8, 98-99.

**Decision rationale:** The 12-session course of treatment, in and of itself, represents 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 myositis of various body parts, the issue present here. No clear rationale for treatment in excess of guideline parameters is provided. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 48, it is incumbent upon the attending provider to furnish a clear prescription of physical therapy, along with clear treatment goals. In this case, however, the information on file was sparse, handwritten, and difficult to follow. No clear treatment goals were outlined. It is not clearly stated why the applicant cannot transition toward self-directed home physical medicine, as suggested on pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's response to earlier treatment has, furthermore, not been detailed. As further noted on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, there must be interval demonstration of function improvement at various milestones in the treatment program so as to justify continued treatment. In this case, however, there has been no such demonstration of functional improvement. There has been no such demonstration of functional improvement as defined in MTUS 9792.20f. The applicant is off of work. The applicant remains highly reliant on various forms of medical treatment, including manipulative treatment and topical compounds. Therefore, the request is not medically necessary, for all of the stated reasons.