

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0150050 |                              |            |
| <b>Date Assigned:</b> | 09/18/2014   | <b>Date of Injury:</b>       | 11/19/2010 |
| <b>Decision Date:</b> | 10/17/2014   | <b>UR Denial Date:</b>       | 08/21/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/15/2014 |

### 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 request was for physical therapy two times a week for four weeks. It would be for the low back. Per the records provided, this claimant was involved in a work-related accident on November 19, 2010. There was chronic low back pain. He is using Roxicodone and Klonopin. He had an epidural steroid injection with some improvement in his pain level. The request was for another epidural steroid injection. The patient also received physical therapy and acupuncture. He has had extensive therapy over the past four years. It is not clear why he is not well-versed in an independent program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy two times a week for four weeks for the low back, lumbar spine quantity : 8:** 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 Page(s): 98 of 127.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) does permit physical therapy in chronic situations, noting that one should allow for fading of

treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the California Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: 1. Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient...Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. 2. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self actualization. This request is not medically necessary and appropriate.