MAXIMUS Federal Services

| Case Number: | CM14-0185687 | | |
|---|---|---|---|
| Date Assigned: | 11/13/2014 | Date of Injury: | 09/15/2006 |
| Decision Date: | 12/30/2014 | UR Denial Date: | 10/22/2014 |
| Priority: | Standard | Application Received: | 11/07/2014 |

## 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 September 15, 2006. In a Utilization Review Report dated October 22, 2014, the claims administrator denied a request for 12 sessions of physical therapy, noting that the applicant had had 10 document sessions of physical therapy per the claims administrator's recent records. The applicant's attorney subsequently appealed. A progress note of October 15, 2014 was notable for comments that this represents the applicant 10th session of physical therapy through this particular course of care. Additional physical therapy was apparently sought by the treating therapist and apparently countersigned by the attending provider. An earlier progress note of June 20, 2014 was notable for comments that the applicant reported persistent complaints of low back pain. The applicant was continuing to exercise on its own in a gym despite ongoing complaints of low back pain. A topical compounded cream and physical therapy were endorsed. It was suggested that the applicant remained permanent and stationary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physiotherapy 2 times 6 low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

**Decision rationale:** The 12-session course of physical therapy proposed, 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 myalgia's and myositis of various body parts, the issue reportedly present here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines further notes that applicants are expected to continue active therapies at home as an extension of the treatment process. Here, the applicant has had 10 recent sessions of physical therapy in late 2014 alone. The applicant was characterized as being able to perform home exercise and exercise in a gym on an earlier progress note of June 23, 2014. It is not clear what further formal physical therapy could accomplish in the clinical context present here. Therefore, the request is not medically necessary.