

<b>Case Number:</b>	CM14-0021182		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	07/15/2009
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 July 15, 2009. Thus far, the applicant had been treated with the following: Analgesic medications; attorney representation; oral suspensions; topical compounds; and unspecified amounts of physical therapy over the life of the claim. In a utilization review report dated February 12, 2014, the claims administrator denied a request for eight sessions of physical therapy, stating that the attending provider had not detailed how much prior physical therapy treatment the applicant had had over the life of the claim. The applicant's attorney subsequently appealed. A January 29, 2014 progress note was notable for comments that the applicant was Spanish speaking. The applicant had persistent complaints of low back pain, 9/10, it was stated. 4/5 lower extremity strength was noted. The applicant's case and care were complicated by comorbid diabetes. A variety of oral medications and topical compounds were sought. The applicant is asked to consult an internist for diabetes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 2 X PER WEEK FOR 4 WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment.

**Decision rationale:** While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 8 to 10 sessions of treatment for neuralgia, neuritis, and radiculitis, the issues seemingly present here, in this case, however, it is not clearly stated how much cumulative treatment the applicant had had over the life of the claim. It was not clearly stated when or if the applicant had last had physical therapy treatment. It is further noted that the MTUS Guideline in ACOEM Chapter 3, page 48, states that it is incumbent upon the attending provider to furnish a prescription for physical therapy which clearly states treatment goals. In this case, however, the attending provider had not outlined the applicant's treatment goals. The attending provider did not outline the applicant's work status, functional status, and/or response to prior physical therapy treatment. As noted on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, it is incumbent on the applicant to demonstrate functional improvement at various milestones in the treatment program so as to justify ongoing treatment. In this case, however, there has been no discussion or mention of functional improvement with earlier treatment. Therefore, the request is not medically necessary.

REFERENCES:1. ACOEM Practice Guidelines, Chapter 3, page 48, Physical Methods section.2. MTUS Chronic Pain Medical Treatment Guidelines, page 8.3. MTUS Chronic Pain Medical Treatment Guidelines, page 99, Physical Medicine topic.