

<b>Case Number:</b>	CM14-0032518		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	07/29/2013
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 29, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy over the life of the claim; unspecified amounts of chiropractic manipulative therapy over the life of the claim. In a Utilization Review Report dated March 10, 2014, the claims administrator denied a request for 8 to 12 sessions of physical therapy. The claims administrator's report was somewhat difficult to follow. The claims administrator cited ACOEM in the report rationale but then referenced ODG at the bottom of the report. The claims administrator cited that the applicant had had unspecified amounts of physical therapy and that it was unclear why additional treatment was being sought. The applicant's attorney subsequently appealed. In a handwritten progress note dated May 8, 2014, the applicant was described as having persistent complaints of low back pain. Additional 8 to 12 sessions of physical therapy were sought. A rather proscriptive 10-pound lifting limitation was issued. An attached request for authorization form stated that some of the modalities being performed would include therapeutic ultrasound. On March 16, 2014, the attending provider wrote a formal appeal letter supporting a request for physical therapy, including aquatic therapy. Multiple notes interspersed throughout February and March 2014 were reviewed and were notable for comments that the applicant was given a 10- to 15-pound lifting limitation. The applicant was described as off of work as the applicant's employer was unable to accommodate the limitations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2-3 x4 lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic. Page(s): 99, 8.

**Decision rationale:** The 8- to 12-session course of treatment proposed here would, in and of itself, represent 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 reportedly present here. In this case, the attending provider has not provided any compelling rationale for treatment in excess of the MTUS parameters. It is further noted that page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there must be some demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, the applicant has had unspecified amounts of physical therapy over the course of the claim. The applicant remains off of work. A rather proscriptive 10-pound lifting limitation remains in place. The applicant remains highly reliant and highly dependent on various forms of medical treatment, including medications such as Celebrex. All of the above taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite completion of earlier unspecified amounts of physical therapy. Therefore, the request is not medically necessary.