

<b>Case Number:</b>	CM14-0042229		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	05/01/2004
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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 hip and low back pain reportedly associated with an industrial injury of May 1, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy over the course of the claim; multiple facet injections; and an earlier left knee total knee arthroplasty. In a Utilization Review Report dated March 12, 2014, the claims administrator denied a request for 18 sessions of physical therapy and denied a request for a neurosurgery referral. Non-MTUS ODG Guidelines were cited in its decision to deny physical therapy and non-MTUS Chapter 7 ACOEM Guidelines were cited in its decision to deny the neurosurgery consultation. The claims administrator did not, moreover, incorporate cited guidelines into its rationale. The applicant's attorney subsequently appealed. In a February 3, 2014 mental health note, the applicant was described as having issues with pain, fear avoidance, and a disabled mindset. On December 17, 2013, physical therapy was sought while the applicant was placed off of work, on total temporary disability, owing to issues associated with low back and hand pain. The applicant was given a prescription for prednisone. On December 2, 2013, the applicant was again placed off of work, on total temporary disability. Trigger point injections were performed. On February 10, 2014, the applicant was again placed off of work, on total temporary disability. It was stated that the applicant was pending a hand therapy referral and a functional restoration program trial. The applicant was using prednisone, allopurinol, Norvasc, Naprosyn, Zocor, and Percocet, it was stated. The applicant was again placed off of work on this occasion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, 3 times a week for 6 weeks right hip.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines: Hip & Pelvis.

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

**Decision rationale:** The 18-session course of treatment being proposed here, in and of itself, represents treatment in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, one of the diagnoses reportedly presented here. In this case, the applicant has, furthermore, had unspecified amounts of physical therapy treatment over the course of the claim. There has been no seeming demonstration of functional improvement as defined in MTUS 9792.20f through the same. The applicant remains off of work, on total temporary disability. The applicant remains highly reliant and highly dependent on various and sundry analgesic medications, including opioid such as Percocet. Pursuing additional physical therapy well in excess of the MTUS parameters without evidence of functional improvement with earlier treatment is not indicated. Therefore, the request is not medically necessary.

**Neurosurgeon referral, for back.:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 1. Page(s): 1.

**Decision rationale:** As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant is off of work, on total temporary disability. The applicant has failed to respond favorably to earlier conservative management, including earlier physical therapy. Obtaining the added expertise of a physician in another specialty, such as neurosurgery, is indicated. Therefore, the request is medically necessary.