

<b>Case Number:</b>	CM14-0049085		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	08/29/2010
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 associated with an industrial injury of August 29, 2010. Thus far, the applicant has been treated with analgesic medications, transfer of care to and from various providers in various specialties, earlier shoulder surgery, and unspecified amounts of physical therapy over the course of the claim. In a November 23, 2013 medical-legal evaluation, the applicant had issues with shoulder pain, neck pain, and low back pain. The applicant's work status was not clearly outlined. It was suggested that portions of the applicant's claim have been administratively contested by the claims administrator. In a progress note dated February 5, 2014, the applicant was described as having persistent complaints of shoulder pain and low back pain. The applicant is using Motrin and Lidoderm. The applicant's work status was not clearly outlined. The applicant is using hydrochlorothiazide for comorbid hypertension. 5/5 lower extremity strength with a normal gait was appreciated. Continuing nonoperative treatment and a prescription for physical therapy was endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the low back, 2 times a week for 6 weeks, QTY: 18:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online Edition, Chapter Low Back- Lumbar and Thoracic, Physical Therapy Guidelines.

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

**Decision rationale:** The 18 sessions of treatment 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 myalgias and myositis of various body parts. It is further noted that page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there is must be some demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, the attending provider has not outlined the presence of any lasting benefit or functional improvement achieved through prior unspecified amounts of physical therapy. The applicant's work status, functional status, response to earlier treatment, and other functional improvement parameters have not been clearly outlined. Therefore, the request is not medically necessary.