

<b>Case Number:</b>	CM14-0066612		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	02/10/1999
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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 February 10, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; opioid therapy; earlier lumbar fusion surgery; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated April 10, 2014, the claims administrator denied a request for a 12 sessions of physical therapy and denied a diet program. The applicant's attorney subsequently appealed. In a February 26, 2014 progress note, the applicant reported persistent complaints of low back pain. The applicant was given a primary diagnosis of failed back syndrome. A 12 session course of physical therapy was sought; limited range of motion was noted. The applicant was asked to obtain a diet program to better control her weight. The applicant's height, weight, and BMI, however, were not furnished on this occasion. In a medical legal evaluation of September 10, 2013, the applicant was described as standing 5 feet 3 inches tall and weighing 185 pounds. In an earlier note dated August 28, 2013, the applicant was placed off of work, on total temporary disability. In an earlier note dated April 17, 2013, 12 sessions of physical therapy were sought while the applicant was placed off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of physical therapy (2x6):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, page 99, Physical Medicine topic.

**Decision rationale:** The 12-session course of treatment proposed, 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, the diagnosis seemingly present here. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further 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, however, the applicant is off of work, on total temporary disability, despite having completed extensive prior physical therapy over the course of the claim, suggesting a lack of functional improvement as defined in MTUS 9792.20. Therefore, the request is not medically necessary.

**Diet program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/15630109> and [http://www.aetna.com/cpb/medical/data/1\\_99/0039/html](http://www.aetna.com/cpb/medical/data/1_99/0039/html), AETNA Clinical Policy Bulletin: Weight Reduction Medications and Programs.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 11.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, strategies based on modification of individual risk factors, such as "weight loss," may be less certain, more difficult, and possibly less cost effective. In this case, the attending provider did not attach any applicant-specific rationale, narrative commentary, or medical evidence to the request for authorization which would offset the tepid to unfavorable ACOEM position on the same. The attending provider did not, furthermore, document the applicant's height, weight, and/or BMI on the office visit on which the diet program was requested. For all the stated reasons, then, the request is not medically necessary.