

<b>Case Number:</b>	CM14-0087295		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	09/02/2013
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 32 year old male with an injury date on 09/02/2013. Based on the 03/07/2014 progress report provided by [REDACTED], the diagnoses are: Cervical spine strain; Lumbar spine strain; Chemical burns to (B) hand. According to this report, the patient complains of neck pain causing headaches, eyes irritation, and low back pain radiating to the lower extremities. Tenderness to palpation was noted at the paraspinals muscles, trapizus muscle, and iliolumbar muscle. The patient also has discoloration and scaling of both hands due to chemical exposure. There were no other significant findings noted on this report. [REDACTED] is requesting physical therapy 2 times per week for 4 weeks and a toxicologist evaluation. The utilization review denied the request on 05/28/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 03/07/2014 to 05/02/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times per week X 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** According to the 03/07/2014 report by [REDACTED] this patient presents with neck pain causing headaches, eyes irritation, and low back pain radiating to the lower extremities. The treater is requesting 8 sessions of physical therapy. The utilization review denial letter states "the patient has been treated with physical therapy most recently 3 to 6 sessions in 2014." Review of records do not include therapy reports or reference to these treatments. The treater does not discuss treatment history; does not indicate a rationale for additional therapy such as a flare-up, decline in function, a new injury, etc. There are no discussions regarding what is to be achieved with additional therapy nor the patient's progress from prior therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. However, UR alludes that the patient has had "3-6 sessions in 2014." Given that the patient has had 3-6 sessions recently per UR, the requested 8 additional sessions exceeds what is allowed per MTUS. Recommendation is that the request is not medically necessary.

**Toxicologist Evaluation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), consultation criteria, chapter 7, pg 121.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, page 127.

**Decision rationale:** According to the 03/07/2014 report by [REDACTED] this patient presents with neck pain causing headaches, eyes irritation, and low back pain radiating to the lower extremities. The patient had discoloration and scaling of both hands. The treater is requesting toxicologist evaluation. Regarding consultations, ACOEM states that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the treater does not explain why toxicologist evaluation is needed. However, given the nature of the work environment, the patient is exposed to bleaching and dyeing agents daily. The request appears reasonable and medically indicated. Recommendation is that the request is medically necessary.