

<b>Case Number:</b>	CM14-0187206		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	09/19/2012
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 reported associated with an industrial injury of September 19, 2012. Thus far, the applicant treated with the following: Analgesic medications; topical compounds; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 22, 2014, the claims administrator denied a request for 18 sessions of physical therapy. Both MTUS and non-MTUS ODG Guidelines were invoked. The claims administrator stated that the attending provider did not outline what treatment or treatments had transpired to date. The claims administrator stated that its decision was a response to an October 3, 2014 RFA form. The applicant had received physical therapy at various points in 2014 itself, including on August 21, 2014, August 26, 2014, and August 28, 2014. It was stated on an August 28, 2014 progress note that the applicant had had a poor response to earlier physical therapy and was unable to tolerate the same. The applicant's work status was not furnished. In a progress note of October 3, 2014, 18 sessions of physical therapy were sought in conjunction with unspecified amounts of chiropractic manipulative therapy and acupuncture. The applicant presented with complaints of low back pain, inguinal pain, and headaches. The applicant's work status was not furnished. Multiple topical compounded medications, including a cyclobenzaprine-containing compound, a gabapentin-containing compound, and a capsaicin-containing compound were endorsed. It did not appear that the applicant was working on this occasion. In a September 5, 2014 progress note, acupuncture, physical therapy, manipulative therapies were previously sought in conjunction with several topical compounded medications. 6 to 7/10 pains were noted. In a June 13, 2014 orthopedic consultation, it was acknowledged that the applicant was not working and had not worked since late 2012.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Physiotherapy 3 Times a Week for 6weeks, Lumbar: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Low Back: Physical Therapy

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Physical Methods, Functional Restoration Approach to Chronic Pain Management Page(s): 99, 8.

**Decision rationale:** The 18-session course of therapy proposed 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, the issue reportedly present here. This recommendation is further qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be some demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was/is off of work, the applicant remains dependent on various topical compounded medications. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS, despite prior unspecified amounts of physical therapy over the course of the claim. The MTUS Guideline in ACOEM Chapter 3, page 48 further stipulates that it is incumbent upon an attending provider to furnish a prescription for therapy which "clearly states treatment goals." Here, the request did not clearly state treatment goals. The attending provider did not state what the goals and/or purpose of further physical therapy was and/or how further physical therapy would generate functional improvement here. Therefore, the request for Physiotherapy is not medically necessary.