

<b>Case Number:</b>	CM15-0189762		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	10/20/2008
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 53-year-old who has filed a claim for chronic neck, low back, and wrist pain reportedly associated with an industrial injury of October 20, 2009. In a Utilization Review report dated September 1, 2015, the claims administrator failed to approve requests for eight sessions of physical therapy, an interferential unit, and a lumbar support. The claims administrator referenced an August 21, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On an RFA form dated August 21, 2015, physical therapy, interferential unit, and a lumbar support were all sought. On an associated progress note dated August 21, 2015, the applicant reported multifocal complaints of neck and low back pain, exacerbated by sitting and standing. The note was difficult to follow, handwritten, and not altogether legible. The attending provider did suggest that the applicant was working with a 20-pound lifting limitation in place. The applicant was apparently given Tylenol No. 3 for pain relief, the treating provider reported. An interventional unit, lumbar support, and physical therapy were seemingly endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 8 Sessions (2x4): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** No, the request for eight sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guideline does support a general course of 9 to 10 sessions of treatment for myalgias and myositis of various body parts, i.e., the diagnosis reportedly present here, this recommendation is, however, qualified by commentary made on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that applicants should be instructed and are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels and by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 48 to the effect that it is incumbent upon an attending provider to furnish a prescription for physical therapy and/or physical methods, which "clearly states treatment goals." Here, however, the attending provider's handwritten August 21, 2015 progress note was thinly and sparsely developed. Clear treatment goals were neither stated nor formulated. It was not stated why the applicant could not transition to self-directed home-based physical medicine of her own accord without the lengthy formal course of physical therapy at issue, just as she has already returned to work. The attending provider's handwritten August 21, 2015, neither stated nor formulated clear treatment goals. Therefore, the request was not medically necessary.

**Interferential Home Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** Similarly, the request for an interferential home unit [purchase] was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of an interferential stimulator device on a purchase basis should be predicated on evidence of a favorable outcome during an earlier one-month trial of the same, with evidence of increased functional improvement, less reported pain, and evidence of medication reduction established as a result of said one-month trial. Here, however, it appears the attending provider prescribed and/or dispensed the device in question on August 21, 2015, without having the applicant first to undergone one-month trial of the same. Page 120 of the MTUS Chronic Pain Medical Treatment Guidelines also suggests reserving interferential stimulator device trials for applicants whose pain complaints are ineffectively controlled due to lack of medication efficacy or medication side effects. Here, the attending provider seemingly furnished the applicant with a prescription for Tylenol No. 3, on August 21, 2015, effectively obviated the need for interferential stimulator

device, either on a purchase basis or on a rental basis. Therefore, the request was not medically necessary.

**LSO Brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation ODG, Low Back, Lumbar Supports.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

**Decision rationale:** Similarly, the request for a lumbosacral orthosis brace (AKA) lumbar support was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 301, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Here, the applicant was, quite clearly, well outside of the acute phase of symptom relief as of the date of the request, August 21, 2015, following an industrial injury of October 20, 2009. Introduction, selection, and/or ongoing usage of a lumbar support was not indicated at this late stage in the course of the claim, per the MTUS Guideline in ACOEM Chapter 12, 2015, page 301. Therefore, the request was not medically necessary.