

<b>Case Number:</b>	CM15-0206215		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	02/09/1993
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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 58-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 9, 1993. In a Utilization Review report dated October 1, 2015, the claims administrator failed to approve requests for physical therapy evaluation and 3 sessions of massage therapy. A September 22, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On a telephone encounter dated September 24, 2015, the applicant contended that the previously performed massage or physical therapy had generated "great relief." The applicant was also intent on pursuing repeat injection therapy. On September 17, 2015, the applicant reported ongoing complaints of low back pain reportedly attributed to lumbar spinal stenosis. The applicant was status post an earlier lumbar spinal stenosis. The applicant was status post an earlier lumbar epidural steroid injection, the treating provider acknowledged. The applicant's medication list included albuterol, Norvasc, losartan-hydrochlorothiazide, and Zocor, it was reported on section of the note. The attending provider stated that the applicant was able to bend, lift, twist, and participate in all work-related activities. It was stated that the applicant had "no functional limitations" to speak of. The applicant's BMI was 33, the treating provider reported. The applicant was neurologically intact and was ambulating without the aid of any assistive device, the treating provider reported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **Physical therapy evaluation X 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

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

**Decision rationale:** No, the request for a physical therapy evaluation x1 was not medically necessary, medically appropriate, or indicated here. As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants should be instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Both pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines suggest tapering or fading the frequency of treatment over time and transitioning claimants toward self-directed, home-based physical medicine. Here, the September 17, 2015 office visit at issue suggested that the applicant had "virtually no functional limitations." The applicant was reportedly able to bend, lift, twist, walk, and the like in an unencumbered fashion, the treating provider reported. The applicant had apparently returned to work, the treating provider suggested on that date. The applicant's already successful return to regular work and lack of functional limitations effectively obviated the need for further formal physical therapy as it appeared that the applicant was capable of performing self-directed, home-based physical medicine of her own accord, as suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

### **Massage therapy X 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy, Physical Medicine.

**Decision rationale:** Similarly, the request for 3 sessions of massage therapy was likewise not medically necessary, medically appropriate, or indicated here. Page 60 of the MTUS Chronic Pain Medical Treatment Guidelines notes that massage therapy should "be limited to 4-6 visits in most cases." Here, a telephone encounter of September 24, 2015 suggested that the applicant had already had prior massage therapy in excess of these amounts. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that passive modalities such as massage, as a whole, should be employed "sparingly" during the chronic pain phase of treatment. Here, thus, the request for 3 sessions of massage therapy was at odds with both pages 60 and 98 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

