

<b>Case Number:</b>	CM14-0139374		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	09/09/1999
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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 61 years old male with an injury date on 09/09/1999. Based on the 06/02/2014 progress report provided by [REDACTED], the patient complains of depression, "feeling helpless and powerless and alone." The 05/05/2014 handwritten report indicates the patient having more difficulty with edema. Swelling of the legs is noted with walking. Eight sessions of physical therapy have been authorized. The diagnoses are: 1. Chronic pain state/ chronic headaches, 2. Atypical chest pain, 3. GERD, 4. Anxiety/depression, 5. Overweight, 6. Insomnia and OSA with secondary excessive daytime sleepiness, cant tolerate CPAP mask or nasal pillow, 7. Erectile dysfunction, associated with opiate-induce hypogonadism, stress from chronic pain state, depression and back pain., 8. Dyslipiderma, 9. Bilateal tinnitus, greater on than right, 10. Prostatism., and 11. Hypertension, with hypertensive heart disease (left ventricular hypertrophy) There were no other significant findings noted on this report. The utilization review denied the request on 08/08/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 12/13/2013 to 06/02/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional 8 physical therapy visits for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

**Decision rationale:** According to the 06/02/2014 report by [REDACTED] this patient presents with depression, "feeling helpless and powerless and alone." The treater is requesting additional 8 physical therapy visits for the lumbar spine but the treating physician's report and request for authorization containing the request is not included in the file. The most recent progress report is dated 06/02/2014 and the utilization review letter in question is from 08/08/2014. The utilization review denial letter states "[REDACTED] note dates 07/17/2014 noting that 8 physical therapy were 'very beneficial,' with better sleep and more energy and more physical active and able to socialize." The report was not included in the file for review. For physical medicine, the MTUS guideline recommends for myalgia and myositis type symptoms 9-10 visits over 8 weeks. In this case, UR alludes that the patient has had 8 sessions recently. The requested 8 additional session would exceed what MTUS allowed. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. Recommendation is for denial.