

<b>Case Number:</b>	CM14-0192572		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	06/19/2013
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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:

This individual is a 30 year old female who developed back pain as a derivative injury from chronic coughing. The DOI is 6/19/13. She has had cervical shoulder and cervical x-rays which were normal exempting some straitening of the cervical spine. She is being treated for reactive airway disease and GERD. She has not had any treatment for her spine, physical therapy was denied in UR due to the reviewer's opinion that an adequate baseline exam was not performed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for low back 2 times a week for 4 weeks:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical therapy.

**Decision rationale:** MTUS Guidelines support limited physical therapy for low back pain. ODG Guidelines provide additional detail and recommend up to 9 sessions of physical therapy as adequate for this individuals condition. The physical therapist should document baseline ROM

and progression. The requested 8 sessions of Physical Therapy is consistent with Guidelines and is medically necessary.

**Voltaren gel 5% 100gm tube x1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** MTUS Guidelines do not support the use of topical NSAID medications for spinal pain. It is understood that oral NSAID's are to be avoided in this individual due to GERD, but there are other oral analgesics that could be trialed if necessary. The Voltaren gel 5% is not recommended by Guidelines. Therefore, the request for Voltaren gel is not medically necessary.