

<b>Case Number:</b>	CM13-0009735		
<b>Date Assigned:</b>	03/24/2014	<b>Date of Injury:</b>	01/21/1998
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	07/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2013

### 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 has filed a claim for chronic low back pain and chronic pain syndrome reportedly associated with an industrial injury of January 21, 1998. Thus far, the claimant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy over the life of the claim; long and short-acting opioids; prior lumbar discectomy surgery; antidepressant medications; medical marijuana; and extensive periods of time off of work. An earlier medical-legal evaluation of October 12, 2012 is notable for comments that the applicant has been off of work since 2005. On May 6, 2013, it was stated that the claimant was off of work, had been deemed disabled and not worked since September 2005. The claimant was still smoking a pack of cigarettes and reported ongoing neck and back pain. No further surgery was endorsed at that point in time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY, 2-3 TIMES A WEEK FOR 4-6 WEEKS:** Upheld

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

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

**Decision rationale:** The request, in and of itself, does represent 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/or myositis of various body parts. In this case, the applicant has had prior unspecified amounts of treatment over the life of the claim. He has failed to respond to the same. He is off of work and has been deemed permanently disabled. He is highly reliant on various medications, including long-acting morphine, Norco, OxyContin, etc., suggesting that prior physical therapy has been unsuccessful in terms of the parameters established in MTUS 9792.20(f). Therefore, the request remains not certified, on independent medical review.