

<b>Case Number:</b>	CM13-0016564		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	08/09/2010
<b>Decision Date:</b>	03/19/2014	<b>UR Denial Date:</b>	07/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 9, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; medical food; computerized range of motion testing; epidural steroid injection therapy; transfer of care to and from various providers in various specialties; and extensive periods of time off work, on total temporary disability. In a Utilization Review Report of July 30, 2013, the claims administrator denied a request for an artificial disk replacement procedure and also denied a request for 12 sessions of postoperative therapy associated with said surgical procedure. An earlier note of July 18, 2013 is sparse, handwritten, difficult to follow, and not entirely legible. The applicant has persistent complaints of low back and leg pain, it is stated, which have proven recalcitrant to physical therapy, acupuncture, and aquatic therapy. The applicant is asked to pursue a surgical remedy and remain off work, on total temporary disability. Multiple notes interspersed throughout 2013, including those dated August 9, 2013 and August 28, 2013, are also notable for comments that the applicant remains off work, on total temporary disability. Various treatments are sought, including computerized range of motion testing, additional physical therapy, and a diskogram.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op physical therapy (2) times a week for (6) weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8.

**Decision rationale:** As noted on Page 99 of MTUS Chronic pain Medical Treatment Guidelines, a general course of 9-10 sessions of treatment is recommended for myalgias and/or myositis of various body parts, the diagnosis seemingly present here. However, Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines states that there must be demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, however, the applicant has had extensive prior physical therapy over the life of the claim but has failed to exhibit any evidence of functional improvement as defined in MTUS 9792.20f. The fact that the applicant remains on total temporary disability, several years removed from the date of the injury, implies a lack of functional improvement as defined in section 9792.20f, as does the applicant's concurrent pursuit of various treatments, including a disk replacement surgery, acupuncture, aquatic therapy, etc. Therefore, the request is not certified. In this case, it does not appear that the applicant in fact had spine surgery at any point at or surrounding the Utilization Review Report; therefore, the MTUS Chronic Pain Medical Treatment Guidelines were invoked here.