

<b>Case Number:</b>	CM13-0020614		
<b>Date Assigned:</b>	03/26/2014	<b>Date of Injury:</b>	04/01/2011
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	08/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2013

### 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 is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 1, 2011. Thus far, the applicant has been treated with analgesic medications, attorney representation, epidural steroid injection therapy and extensive periods of time off of work. In a utilization review report of August 6, 2013, the claims administrator denied a request for 12 additional sessions of physical therapy. In a February 3, 2014 progress note, the applicant was apparently deemed totally temporarily disabled with ongoing complaints of low back, neck, and midback pain. In an earlier note of April 15, 2013, the applicant was again described as having persistent complaints of chronic low back pain. The applicant was status post epidural steroid injection therapy and had had prior physical therapy through that point in time. The applicant was on Vicodin and Flexeril for pain relief at that point in time. In an earlier note of June 3, 2013, the applicant maintained to her attending provider that there was no former productive employment which she was capable of maintaining.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CONTINUED PHYSICAL THERAPY 2 TIMES A WEEK FOR 6 WEEKS FOR THE LUMBAR SPINE:** 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 12-session course of treatment proposed here does, in and of itself, represent treatment in excess of the 8- to 10-session course recommended on page 99 of the California MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis seemingly present here. In this case, moreover, there has been no demonstration of functional improvement with prior physical therapy treatment which would support further therapy beyond the guideline. The applicant is off of work, on total temporary disability, several years removed from the date of injury. The applicant has failed to return to any form of work. The applicant remains highly reliant on various analgesic medications, including Norco and Flexeril. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite completion of earlier unspecified amounts of physical therapy. Accordingly, the request for additional physical therapy is not medically necessary.