

<b>Case Number:</b>	CM13-0024544		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	03/22/2012
<b>Decision Date:</b>	01/10/2014	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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 March 22, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; and extensive periods of time off work, on total temporary disability. The applicant has reported development of subsequent derivative anxiety, depression, and insomnia. In a utilization review report of September 4, 2013, the claims administrator denied a request for 12 sessions of physical therapy. The applicant completed at least six sessions of physical therapy to date. The applicant's attorney later appealed, on September 6, 2013. A later note of September 17, 2013 is notable for comments that the applicant reports multifocal pain complaints about the low back radiating to the hips, feet, and hands, severe, and constant. Associated neck pain, anxiety, depression, and insomnia are also reported. The applicant was asked to continue neuropsychological testing, follow up with the psychologist and orthopedist, and continue employing Neurontin, Norco, and soma for pain relief while remaining off work, on total temporary disability. An earlier note of August 26, 2013 states, that the applicant presented with low back pain and mid back pain. The applicant is asked to pursue 12 sessions of physical therapy while remaining off work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of physical therapy for the low-mid back:** 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 Physical Medicine Guidelines Page(s): 99.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines does endorse a general course of 8 to10 sessions of treatment for neuralgia and/or radiculitis of various body parts. Additionally, the MTUS Chronic Pain Medical Treatment Guidelines also supports the proposition that demonstration of function improvement is needed in order to justify continued treatment. In this case, however, there is no such evidence of functional improvement following completion of prior physical therapy. The employee has not returned to any form of work. The medical records provided for review does not indicate evidence of progressively diminishing work restrictions and/or diminished reliance on medical treatment which might justify additional treatment here. The employee's continued usage of several different analgesics and adjuvant medications reflects a lack of reduction independence on medical treatment. The request for 12 sessions of physical therapy for the low-mid back are not medically necessary and appropriate.