

<b>Case Number:</b>	CM13-0031036		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	05/12/2012
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### 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 patient has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 15, 2012. Thus far, the patient has been treated with the following: analgesic medications; at least 42 sessions of physical therapy in 2013; one prior lumbar epidural steroid injection; lumbar MRI of August 20, 2012, notable for 3 to 3.5 mm disc protrusion; with extensive periods of time off of work, on total temporary disability. In a pain management follow-up visit of October 18, 2013, it is noted that the patient continues to report persistent low back and sacroiliac joint pain. The patient continues to pursue yoga, physical therapy, and various injection procedures. It does not appear that the patient has returned to work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physiotherapy (14 sessions):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8 and 99.

**Decision rationale:** The 14 sessions of physical therapy alone being sought here represent treatment in excess of the 9-10-session course recommended by the Chronic Pain Medical

Treatment Guidelines for myalgias and/or myositis of various body parts. The Chronic Pain Medical Treatment Guidelines, as further noted, endorse tapering or fading the frequency of physical therapy over time and demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, however, no attempt was made to taper or fade the frequency of treatment over time. There was no clear demonstration of functional improvement effected through prior physical therapy so as to justify additional treatment. Rather, the patient's reliance on various medications such as Xanax and continued pursuit of various injection therapies implies a lack of functional improvement. Therefore, 14 sessions of physiotherapy are not medically necessary or appropriate.