

<b>Case Number:</b>	CM13-0039906		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	07/26/1996
<b>Decision Date:</b>	03/25/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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 has filed a claim for chronic mid back pain reportedly associated with an industrial injury of July 25, 1996. Thus far, the applicant has been treated with the following: Analgesic medications; twenty (20) sessions of physical therapy, which reportedly concluded in May 2013, per the claims administrator; attorney representation; extensive periods of time off of work; and muscle relaxants. In a Utilization Review Report of September 11, 2013, the claims administrator denied a request for eighteen (18) sessions of physical therapy, noting that the applicant has recently completed twenty (20) sessions of physical therapy in May 2013. The applicant's attorney is subsequently appealed. A subsequent note of January 6, 2014 is notable for comments that the applicant is currently not working. She reports heightened pain. She is on Ambien, Norco, and Soma for pain relief. Five out of five (5/5) lower extremity strength is noted. The applicant is status post fusion surgery and has residual kyphosis. She is again placed off of work, on total temporary disability. An earlier note of November 20, 2013, in which eighteen (18) sessions of physical therapy were sought, was again notable for comments that the applicant was experiencing heightened, constant pain and was again off of 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:

**Eighteen (18) physical therapy visits for the lumbar spine, three (3) times a week for six (6) weeks, as an outpatient:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - [https://www.acoempracguides.org/Low Back; Table 2, Summary of Recommendations, Low Back Disorders](https://www.acoempracguides.org/Low%20Back;Table%20Summary%20of%20Recommendations,Low%20Back%20Disorders), and the ACOEM - [https://www.acoempracguides.org/Chronic Pain; Table 2, Summary of Recommendations, Chronic Pain Disorders](https://www.acoempracguides.org/Chronic%20Pain;Table%20Summary%20of%20Recommendations,Chronic%20Pain%20Disorders)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, and Physical Medicine Page(s): 8,99.

**Decision rationale:** The applicant already had extensive prior treatment in 2013 alone (20 sessions), seemingly well in excess of the nine to ten (9-10) session course recommended in the Chronic Pain Guidelines for myalgias and/or myositis of various body parts. There has been no demonstration of functional improvement which would support additional treatment beyond the guideline, as suggested in the guidelines. The fact that the applicant remains off of work, on total temporary disability, several years removed from the date of injury, and remains highly reliant on various medications and medical treatments, including Norco, Soma, Ambien, taken together, implies a lack of functional improvement as defined in the guidelines. Therefore, the request remains non-certified, on Independent Medical Review.