

<b>Case Number:</b>	CM13-0056168		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/31/2007
<b>Decision Date:</b>	04/02/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### 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 July 31, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; multiple lumbar fusion surgeries and subsequent revision procedures; and unspecified amounts of physical therapy over the life of the claim. In a utilization review report of November 19, 2013, the claims administrator denied a request for 12 sessions of physical therapy, citing non-MTUS ODG Guidelines in conjunction with the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's attorney subsequently appealed. The claims administrator did note that the applicant had received earlier physical therapy in 2013. A progress note of September 18, 2013 is notable for comments that the applicant reports persistent low back pain radiating down the bilateral legs. The applicant is angry, tearful, and reports poor quality of sleep and diminished activity levels. The applicant is on Celebrex, Norco, Neurontin, and Soma. The applicant has received multiple epidural steroid injections, including most recently on September 6, 2013. The applicant is asked to consult a spine surgeon and obtain repeat x-rays. The applicant is placed off of work, on total temporary disability and additional 12 sessions of physical therapy are endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued physical therapy for the lumbar (2x6): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure

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

**Decision rationale:** The applicant has had prior unspecified amounts of physical therapy over the life of the claim. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support an overall course of 9 to 10 seasons of treatment for the diagnosis of myalgias and/or myositis of various body parts seemingly present here, page 8 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that demonstration of functional improvement is necessary at various milestones in treatment program so as to justify continued treatment. In this case, however, there has been no demonstration of functional improvement with prior physical therapy treatment. The applicant remains off of work, on total temporary disability, several years removed from the date of injury. The applicant remains highly reliant on various medications, injections, and other treatments including, Norco, Soma, Celebrex, epidural steroid injections, etc. The applicant is now considering further surgery, it appears. All of the above, taken together imply a lack of functional improvement as defined in MTUS 9792.20f despite prior unspecified amounts of physical therapy treatment. Accordingly, the request for additional physical therapy is not certified on independent medical review.