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| <b>Case Number:</b>   | CM13-0062660 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 11/13/2011 |
| <b>Decision Date:</b> | 04/11/2014   | <b>UR Denial Date:</b>       | 12/04/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/09/2013 |

### 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 associated with an industrial injury sustained on November 13, 2011. Thus far, the applicant has been treated with analgesic medications, transfer of care to and from various providers in various specialties, epidural steroid injection therapy, prior L4-L5 lumbar decompressive surgery on September 13, 2012, and unspecified amounts of physical therapy over the life of the claim. In a progress note dated November 7, 2013, the applicant reports persistent low back pain. The applicant weighs 350 pounds. He is on Neurontin and Tramadol. Limited lumbar range of motion was appreciated on exam. The applicant is asked to pursue further physical therapy and obtain an epidural steroid block. A physical therapy progress note of September 12, 2013 notes that the applicant is unable to work secondary to dysfunction. The applicant is using Advil, Aleve, and Norco. The applicant has had 32 sessions of physical therapy to date, it is stated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EIGHT SESSIONS OF PHYSICAL THERAPY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** The applicant has already had prior treatment over the life of the claim (at least 32 sessions); this is well in excess of the 9-10-session course recommended in the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts. As further noted in the MTUS Chronic Pain Medical Treatment Guidelines, there should be interval demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, however, there has been no demonstration of functional improvement which would justify further treatment beyond the guideline. The applicant is apparently off of work, on total temporary disability. The applicant remains highly reliant on various medications, epidural injections, Nucynta, Tramadol, Neurontin, etc. The applicant has failed to lose any weight whatsoever. All the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite completion of 32 prior sessions of physical therapy. Therefore, the request for additional physical therapy is not certified.