

<b>Case Number:</b>	CM13-0065909		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/26/2010
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### 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 has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 26, 2010. 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; unspecified amounts of physical therapy over the life of the claim. On November 4, 2013, the applicant apparently transferred care to a new primary treating provider with primary diagnoses of chronic low back pain, left knee pain, and myofascial pain syndrome. The applicant had reportedly had difficulties with activities of daily living, including with standing, walking, carrying, and lifting. The applicant had apparently resigned from his former employment, it was stated, but had taken up a new position in September 2013 as a store clerk. The applicant had apparently developed vertebral compression fracture, it was noted. The applicant was obese, with a BMI of 33, it was acknowledged. The applicant exhibited what the attending provider deemed a poor gait. Crepitation was noted about the knee. Physical therapy was endorsed. It was stated that the applicant was already working elsewhere. On December 4, 2013, the attending provider noted that the applicant still had persistent complaints of pain, exacerbated by lifting and carrying. The attending provider apparently sought authorization for physical therapy and suggested that the applicant continue Celebrex. The applicant was asked to try and lose weight and employ better body mechanics when performing certain tasks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SIX ADDITIONAL SESSIONS OF PHYSICAL THERAPY FOR THE LUMBAR SPINE:**  
Overturned

**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 topic Page(s): 98-99.

**Decision rationale:** While it is not clearly stated how much prior physical therapy treatment the applicant has had over the course of the claim, pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines do emphasize active therapy, active modalities, self-directed home physical medicine and a general course of 9 to 10 sessions of treatment for myalgias and/or myositis of various body parts. In this case, it does not appear that the applicant has had much in the way of treatment during the chronic pain phase of the claim. The applicant does have issues with severe obesity, it has been suggested, and heavy physical job demands, which are limiting his ability to perform certain tasks. Additional physical therapy on the order of that proposed is indicated to reduce the applicant's impairment and institute a home exercise program. It is further noted that the applicant appears intent on functional improvement as evinced by his return to work in an alternate role and alternate capacity, and appears likely to benefit from additional treatment. Therefore, six additional sessions of Physical Therapy for the lumbar spine is medically necessary.