

<b>Case Number:</b>	CM13-0072204		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/08/2005
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 reportedly associated with an industrial injury of December 8, 2005. 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; and extensive periods of time off of work. In a Utilization Review Report of December 3, 2013, the claims administrator denied a request for eight sessions of physical therapy. The applicant's attorney subsequently appealed, on December 23, 2013. In a progress note of December 12, 2013, the applicant reports persistent low back pain, depression, and insomnia. The applicant feels depressed and is tearful. He is on BuSpar, Gabitril, Lunesta, Lyrica, Opana, Opana extended release, Remeron, Coreg, diltiazem, fosinopril, hydrochlorothiazide, Pravachol, and Prilosec. The applicant is overweight with BMI of 32. He exhibits an antalgic gait with a BMI of 32. An additional eight sessions of physical therapy are sought, along with pain management counseling. It is stated that the applicant remains off of work, on total temporary disability, until the next visit. The applicant is, furthermore, receiving Social Security Disability Insurance (SSDI) benefits. It is stated that the applicant has not had much in the way of physical therapy in 2013 owing to issues with comorbid DVT development. The applicant underwent spinal surgery on June 28, 2011.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 times a week for 4 weeks to the Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 8 to 10 sessions of treatment for neuralgia, neuritis, and radiculitis of various body parts, the issue seemingly present here, in this case, however, it is not clearly stated how much cumulative therapy the claimant has had over the life of the claim. The claimant does not appear to have had a favorable response to the same. The claimant remains off of work, on total temporary disability, and remains highly reliant on various opioid and non-opioid medications. All of the above, taken together, implies lack of functional improvement as defined in MTUS 9792.20f despite completion of earlier physical therapy over the life of the claim. Therefore, the request for additional physical therapy is not certified, on Independent Medical Review.