

<b>Case Number:</b>	CM14-0141754		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	04/24/1997
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 April 24, 1997. Thus far, the applicant has been treated with the following: Analgesic medications; anxiolytic medications; fourteen sessions of physical therapy through 2012, per the claims administrator; unspecified amounts of aquatic therapy; and sleep aids. In a Utilization Review Report dated August 5, 2014, the claims administrator partially approved a request for six sessions of physical therapy as three sessions of the same. The applicant's attorney subsequently appealed. In an April 18, 2014 progress note, twelve sessions of aquatic therapy were sought owing to the applicant's complaints of 7-8/10 low back pain radiating to the bilateral lower extremities. The applicant did have derivative complaints of sleep disturbance. Lunesta and Klonopin were endorsed for sedative effect. The applicant's work status was not furnished. In a July 18, 2014 progress note, the applicant reported ongoing complaints of low back pain, 7/10, with radiation of pain to the right lower extremity. The applicant was using Klonopin for both sedative and muscle relaxant effect. Six sessions of physical therapy were sought. The applicant was given Toradol injection in the clinic. The applicant's work status was not furnished.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient physical therapy (6-visits, 2 times per week for 3 weeks): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Physical Medicine Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic. Functional Restoration Approach to Chronic Pain Management section. Mt.

**Decision rationale:** The applicant has, per the claims administrator, already had prior treatment (at least 12 sessions through 2012), seemingly well in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here. It is further noted that this recommendation is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there is must be some demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant's work status has not been furnished on any recent office visits. The applicant continues to present from visit to visit reporting heightened complaints of pain and appears to be dependent on various sedative and anxiolytic medications, including Lunesta and Klonopin. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite earlier physical therapy already in excess of the MTUS parameters. Therefore, the request for additional physical therapy is not medically necessary.