

<b>Case Number:</b>	CM14-0158185		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	10/30/2003
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 October 30, 2003. The applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated September 11, 2014, the claims administrator denied a request for 12 sessions of physical therapy. It was stated that the applicant had had eight sessions of physical therapy in 2013 and had failed to profit from the same. The applicant's attorney subsequently appealed. In an October 17, 2012, Medical-legal Evaluation, the applicant was given a primary psychiatric diagnosis of major depressive disorder (MDD) resulting in Global Assessment of Functioning (GAF) 50. Ancillary complaints of low back pain, headaches, and neck pain were reported. The applicant was not working and was receiving Workers' Compensation indemnity benefits. However, the applicant complained that she was still under significant financial constraints and stated that her claim for Social Security Disability Insurance (SSDI) had been denied. In an April 10, 2013 progress note, the applicant presented with a primary complaint of low back pain radiating into left leg. Additional physical therapy was endorsed. The applicant was also given a prescription for Celebrex. The applicant was not working with limitations in place, it was acknowledged. In a latter note dated November 19, 2013, the applicant again presented with multifocal pain complaints, including low back pain, neck pain, shoulder pain, knee pain, dizziness, and headaches. Previously denied aquatic therapy was appealed. On January 5, 2014, the applicant was described as using Desyrel, Valium, Paxil, and tramadol. On April 15, 2014, the applicant was described as having ongoing issues with depression, chronic pain, and anxiety, in part attributed to difficulty obtaining medication authorization. The applicant was using Norco, Klonopin, and Wellbutrin, it was noted. On June

18, 2014, lumbar MRI imaging was sought for heightened complaints of low back pain radiating into the left leg. On August 26, 2014, the attending provider suggested that the applicant attend physical therapy to obtain an abdominal and core strengthening program. The applicant's work status was not clearly stated on this occasion. In a Medical-legal Evaluation dated August 14, 2014, the Medical-legal evaluator stated that the applicant was unable to return to work.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Twelve (12) physical therapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Guidelines.

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

**Decision rationale:** The request for 12 sessions of physical therapy is not medically necessary, medically appropriate, or indicated here. The 12-session course of treatment proposed, in and of itself represents treatment in excess of the 8- to 10-session course recommended on page 99 of the Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here. It is further noted that page 8 of the Chronic Pain Medical Treatment Guidelines further qualifies this recommendation by noting that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. In this case, however, the applicant is off of work. The applicant remains dependent on a variety of opioid and non-opioid agents, including Norco, Wellbutrin, etc. All of the above, taken together, suggests a lack of functional improvement as defined in California Medical Treatment utilization Schedule (MTUS) 9792.20f, despite earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for an additional 12 sessions of physical therapy is not medically necessary.