

<b>Case Number:</b>	CM14-0162094		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	06/30/2002
<b>Decision Date:</b>	11/26/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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 June 30, 2002. Thus far, the applicant has been treated with following: Analgesic medications; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 26, 2014, the claims administrator failed to approve a request for 12 sessions of physical therapy. The applicant's attorney subsequently appealed. In an August 28, 2014 progress note, the applicant reported ongoing complaints of low back pain attributed to cumulative trauma at work. The applicant was using Crestor for dyslipidemia. The applicant has signed a job with a new employer, it was noted. The applicant exhibited surgical scarring consistent with a history of prior lumbar spine surgery in 2000. 12 sessions of physical therapy were sought. The applicant was asked to continue working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3xwk X 4wks Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** 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 MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here. It is further noted that page 98 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that applicants are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In this case, the request for the protracted course of physical therapy, being sought here, thus, runs counter to MTUS principles and parameters. The fact that the applicant has already successfully transitioned to regular duty work implies that the applicant is likewise capable of transitioning to self-directed home physical medicine without the lengthy formal course of physical therapy sought here. Therefore, the request is not medically necessary.