

<b>Case Number:</b>	CM14-0179071		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	12/06/2012
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 December 6, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and extensive periods of time off of work. In a Utilization Review Report dated October 22, 2014, the claims administrator failed to approve a request for six sessions of physical therapy over 6-12 weeks. The applicant's attorney subsequently appealed. In a progress note of May 27, 2014, difficult to follow, not entirely legible, the applicant reported ongoing complaints of low back and elbow pain. The applicant was using tramadol, Flexeril, Neurontin, it was acknowledged at this point in time. The applicant was also depressed, it was noted. The applicant's work status was not furnished. The applicant did apparently received corticosteroid injection to the elbow. In a May 30, 2014 progress note, the applicant reported ongoing complaints of low back pain, depression, and elbow pain. The applicant was placed off of work, on total temporary disability. The applicant was using tramadol, Neurontin, and Flexeril. A pain management consultation was endorsed. On June 27, 2014, the applicant again reported ongoing complaints of low back pain, depression, and elbow pain. Acupuncture was sought. The applicant was again placed off of work, on total temporary disability. On August 29, 2014, the applicant stated that he considered himself very disabled. The applicant was using Neurontin, tramadol, and Flexeril for pain relief. The applicant was represented, it was acknowledged. The applicant was asked to continue tramadol, Flexeril, and Neurontin for the time being and consider other modalities such as physical therapy, massage therapy, and injection therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 6 visits in 6-12 weeks, lumbar spine:** Upheld

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

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

**Decision rationale:** While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse a general course of 8-10 sessions of treatment for radiculitis, the diagnosis reportedly present here, this recommendation, however, is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant is off of work, on total temporary disability. An August 29, 2014 consultation, referenced above, suggested that the applicant has been deemed "permanently disabled." The applicant remains dependent on a variety of analgesic and adjuvant medications, including Neurontin, tramadol, Flexeril, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS, despite unspecified amounts of physical therapy over the course of the claim. Therefore, the request for additional physical therapy is not medically necessary.