

<b>Case Number:</b>	CM14-0183283		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	01/30/2013
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 January 30, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; 41 sessions of physical therapy, per the claims administrator; epidural steroid injection therapy; electrodiagnostic testing of the lumbar spine and lower extremities of March 20, 2013, notable for an active L5-S1 radiculopathy; and extensive periods of time off of work. In an October 27, 2014 progress note, the claims administrator denied request for 32 sessions of physical therapy for the lumbar spine. Non-MTUS ODG Guidelines were invoked the rationale. The claims administrator suggested that the applicant was not working. In an applicant questionnaire dated June 9, 2014, the applicant stated that he had been off of work since October 28, 2013. A physical therapy progress note of April 30, 2014 was notable for comments that the applicant had had 41 sessions of physical therapy through this particular therapist. The applicant was having difficulty lifting articles greater than 10 pounds, it was acknowledged, was also having difficulty with prolonged standing and/or walking activities. In a progress note dated May 13, 2014, the applicant reported ongoing complaints of low back pain, 90% axial and 10% radicular. The applicant was not working. Limited range of motion was appreciated. The applicant was placed off of work, on total temporary disability, while 36 sessions of physical therapy were endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**36 Physical therapy sessions 3 x 12 for the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Functional Restoration Approach to Chronic Pain Management section. MTUS 97.

**Decision rationale:** The 36-session course of treatment proposed, in and of itself, represents treatment 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 page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further qualifies the MTUS position on physical therapy and other modalities by noting 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, suggesting a lack of functional improvement as defined in MTUS 9792.20f, despite extensive prior treatment (at least 41 sessions) over the course of the claim. Therefore, the request is not medically necessary.