

<b>Case Number:</b>	CM14-0184000		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	08/05/2013
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 reported associated with an industrial injury of August 6, 2013. Thus far, the applicant has been treated with the following: Sympathetic ganglion blocks. In a Utilization Review Report dated November 4, 2014, the claims administrator denied a request for 12 sessions of physical therapy for reported diagnosis of reflex sympathetic dystrophy and lumbar spondylosis. The claims administrator stated that he conducted a teleconference with the requesting provider and felt that the requesting provider's proclamation of functional benefit with earlier physical therapy had not been corroborated by the records. The claims administrator invoked non-MTUS ODG Guidelines exclusively, despite the fact that said non-MTUS Guidelines did not address the topic of reflex sympathetic dystrophy, the diagnosis reportedly present here, and despite the fact that the MTUS addressed the topic. The applicant attorney subsequently appealed. In an October 26, 2014 progress note, the applicant was described as having ongoing complaints of back pain. The applicant had a severe limp and slow gait with difficulty sitting on her left side. Six sessions of physical therapy were endorsed. It was stated that the applicant had completed six sessions of physical therapy and that she should follow-up with attending provider for reassessment. The attending provider went on to seek 12 sessions of physical therapy via a Request for Authorization (RFA) form dated October 28, 2014. No clinical progress notes were attached, however. On May 19, 2014, the applicant reported persistent complaints of 7/10 low back pain radiating to the left leg. The applicant was using Neurontin, Motrin, Norco, Protonix, and Soma, it was acknowledged. A neurology consultation and continued physical therapy were sought while the applicant was kept off of work, on total temporary disability. In a July 14, 2014 progress note, the applicant again reported persistent complaints of 6/10 low back pain radiating to the leg. The applicant was using Neurontin,

Motrin, Norco, Protonix, and Soma; it was stated on this occasion. The applicant was again kept off of work, on total temporary disability, while additional physical therapy was sought.

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

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

#### **12 additional PT sessions for the Lumbar Spine: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Physical Medicine topic and Functional Restoration Approach to Chronic Pain Management section.

**Decision rationale:** While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse a general course of 24 sessions of treatment for reflex sympathetic dystrophy/complex regional pain syndrome, the diagnosis reportedly present here, this recommendation, however, is qualified by commentary 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. The applicant remains dependent on various and sundry analgesic and adjuvant medications, such as Motrin, Norco, Neurontin, Soma, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in the MTUS 9792.20f, despite unspecified prior amounts of physical therapy over the course of the claim. It is further noted that MTUS Guideline in ACOEM Chapter 3, page 48 stipulates that it is incumbent upon a requesting provider to furnish a prescription for physical therapy which "clearly states treatment goals." Here, however, the clinical progress note was not attached to the October 28, 2014 RFA form. No clear goals for further physical therapy were outlined on that date. Therefore, the request for additional physical therapy is not medically necessary.