

<b>Case Number:</b>	CM14-0033968		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	01/08/2013
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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 has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 8, 2013. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; psychological counseling; anxiolytic medications; unspecified amounts of physical therapy over the course of the claim; and extensive periods of time off of work. In a Utilization Review Report dated March 12, 2014, the claims administrator partially certified request for nine sessions of physical therapy as six sessions of physical therapy. The claims administrator did not provide much in the way of a rationale for the decision. The applicant's attorney subsequently appealed. A March 2014 progress note is notable for comments that the applicant had persistent complaints of low back pain. The applicant was using Percocet, which she states was not helpful. The applicant similarly stated the gabapentin was worsening her underlying issues of depression. The applicant was also using Ativan, it was stated. An earlier epidural steroid injection was unsuccessful. The applicant was tearful. The applicant was given a prescription for baclofen and asked to remain off of work, on total temporary disability. In an earlier note of February 10, 2014, the applicant was again placed off of work, on total temporary disability. The applicant stated that she was having difficulty doing even basic activities of daily living such as housework. Gabapentin and Percocet were prescribed while the applicant was again placed off of work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL MEDICINE PHYSICAL THERAPY LOW BACK (LUMBAR/LUMBO-SACRAL), ONE (1) TIMES NINE (9): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic, and 9792.20f Page(s): 8, 99.

**Decision rationale:** While the MTUS Chronic Pain Medical Treatment Guidelines does endorse an eight to ten sessions course of physical therapy for radiculitis, the diagnosis reportedly present here, the MTUS also states that qualifies the recommendation by noting that there must be some demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, the applicant has had unspecified amounts of physical therapy over the course of the claim. There has, however, been no demonstration of functional improvement as defined by the MTUS which would support further treatment here. The applicant is off of work, on total temporary disability. The applicant remains highly reliant and highly dependent on a variety of opioid and non-opioid agents, including Percocet, Ativan, Neurontin, etc. All of the above, taken together, imply a lack of functional improvement as defined by the MTUS despite completion of earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request for nine additional sessions of physical therapy is not medically necessary.