

<b>Case Number:</b>	CM14-0170264		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	05/18/2009
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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 May 18, 2009. The applicant has been treated with the following: Analgesic medications; forty five sessions of physical therapy, per the claims administrator; and extensive periods of time off of work. In a Utilization Review Report dated September 17, 2014, the claims administrator partially approved a request for twelve sessions of physical therapy as four sessions of physical therapy. A variety of non-MTUS guidelines were invoked, including Official Disability Guidelines (ODG) guidelines and the now-outdated, now-renumbered MTUS 9792.20e. The applicant's attorney subsequently appealed. In an August 26, 2014 progress note, the applicant reported ongoing complaints of low back pain. The attending provider suggested that the applicant pursue additional physical therapy to include modalities such as traction. The applicant was placed off of work, on total temporary disability, while 12 sessions of physical therapy were sought. The applicant was asked to follow up in six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 1 x 12 for the 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 Page.

**Decision rationale:** The 12-session course of treatment proposed, in and of itself represents treatment well in excess of the 9- to 10-session course recommended on page 99 of the California MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the issue reportedly present here. As further noted on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, 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, despite having 45 prior sessions of physical therapy over the course of the claim, suggesting a lack of functional improvement as defined in MTUS 9792.20f with extensive prior treatments. Therefore, the request for additional physical therapy is not medically necessary.