

<b>Case Number:</b>	CM14-0189097		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	07/12/2006
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 July 12, 2006. In a Utilization Review Report dated October 13, 2014, the claims administrator partially approved a request for eight sessions of physical therapy for the lumbar spine as three sessions of physical therapy alone. The claims administrator stated that its decision was based on a progress note of May 8, 2014. The claims administrator stated that the applicant had had 14 sessions of physical therapy in 2006 through 2008, 12 sessions of physical therapy in 2011, and 12 sessions of physical therapy in 2013. The applicant's attorney subsequently appealed. In an April 29, 2014 progress note, the applicant reported ongoing complaints of low back pain. Epidural steroid injection therapy was seemingly sought while Norco, Prilosec, and naproxen were renewed. The applicant's work status was not furnished. In a handwritten progress note dated September 30, 2014, difficult to follow, not entirely legible, the applicant reported 6/10 low back pain. The applicant was using Norco, naproxen, lidocaine, Neurontin, Soma, Protonix, and Omeprazole, it was acknowledged. The applicant was asked to pursue additional physical therapy and/or aquatic therapy. Large portions of the note were extremely difficult to follow. On August 26, 2014, additional aquatic therapy was again sought. The applicant's work status, once again, was not clearly outlined.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, low back 2 x 4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Functional Restoration Approach to Chronic Pain Management section 9792.20f.

**Decision rationale:** The applicant has seemingly had prior treatment (at least 30 sessions, per the claims administrator), seemingly 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. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that there must be some demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, there is seemingly no such demonstration of ongoing functional improvement. The applicant's work status is not outlined in several handwritten progress notes, referenced above, including those dated September 30, 2014, August 26, 2014, and July 29, 2014. The applicant remains dependent on a variety of medications, including Norco, naproxen, lidocaine pads, Neurontin, Soma, etc. All of the foregoing, taken together, suggests a lack of ongoing functional improvement as defined in MTUS 9792.20f, despite extensive prior physical therapy well in excess of MTUS parameters. Therefore, the request for additional physical therapy is not medically necessary.