

<b>Case Number:</b>	CM14-0195914		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	03/15/2012
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 54-year-old [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 15, 2012. In a Utilization Review Report dated October 21, 2014, the claims administrator partially approved a request for 12 sessions of physical therapy as four sessions of the same, stating that the applicant had had six sessions of physical therapy through this point in time. The applicant's attorney subsequently appealed. In a June 3, 2014 pain management progress note, the applicant reported ongoing complaints of low back pain radiating to the right lower extremity with derivative complaints of insomnia. Hyposensorium was noted about the right L5-S1 dermatome. The applicant exhibited an antalgic gait. The applicant's work status was not clearly outlined. In a February 3, 2014 permanent and stationary report, the applicant was given a 13% whole person impairment rating owing to a primary diagnosis of lumbar radiculopathy. The treating provider noted that the applicant had been off of work, on total temporary disability, during large portions of the claim.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for the low back, 3 times a week for 4 weeks:** 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; Functional Restoration Approach to Chronic Pain Management Page(s): 99 and 8.

**Decision rationale:** The 12-session course of treatment proposed, in and of itself represents treatment 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. This recommendation, furthermore, is qualified by commentary made 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, the applicant is off of work. Permanent work restrictions have seemingly been imposed by a medical-legal evaluator. The applicant has not worked during large portions of the claim. The applicant remains dependent on various other forms of medical treatment, including Analgesic Medications, Epidural Steroid Injections, Chiropractic Manipulative Therapy, etc. The applicant's continued dependence on medical treatment, coupled with the applicant's failure to return to work, suggests a lack of functional improvement as defined in MTUS 9792.20f despite earlier treatment over the course of the claim, including the six sessions documented by the claims administrator and the four sessions partially approved by the claims administrator in 2014 alone. Therefore, the request for 12 sessions of Physical Therapy is not medically necessary.