

<b>Case Number:</b>	CM14-0075412		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	09/07/2013
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 September 7, 2013. In a Utilization Review Report dated May 1, 2014, the claims administrator failed to approve a request for nine sessions of physical therapy. The claims administrator's report was very difficult to follow. Non-MTUS-ODG guidelines were cited. The claims administrator then stated that the applicant had undergone lumbar spine surgery on January 23, 2014 in another section of its note. The claims administrator then stated that the procedure performed on that date was in fact an epidural block. The applicant's attorney subsequently appealed. In a March 26, 2014 progress note, the applicant reported persistent complaints of low back pain. Norco, Naprosyn, and Norflex were renewed while the applicant was kept off of work, on total temporary disability. The applicant stated that he was unchanged and that the earlier epidural injection was of no benefit. In an April 10, 2014 Doctor's First Report (DFR), the applicant apparently consulted another provider. The applicant stated that earlier epidural steroid injection therapy had not proven beneficial. The applicant was seemingly kept off of work while two additional epidural steroid injections were sought. In an April 23, 2014 progress note, the applicant was again placed off of work, on total temporary disability, for another month. Two epidural injections, Norco and Naprosyn were sought. 7-8/10 pain was reported. An additional nine sessions of physical therapy were sought via an RFA form dated April 10, 2014. In an attached progress note, the applicant stated that he was unchanged, unable to do normal activity, having difficulty standing and walking, and having difficulty driving. The applicant exhibited difficulty performing heel and toe ambulation in the clinic setting.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3x3 QTY:9 visits:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Physical Therapy Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic, Functional Restoration Approach to Chronic Pain Management section, 979.

**Decision rationale:** While the 9-session course of treatment proposed is consonant with 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, however, 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, however, the applicant is off of work, on total temporary disability. The applicant remains dependent on opioid agents such as Norco. The applicant was having difficulty performing activities of daily living as basic as standing and walking, despite having had prior unspecified amounts of physical therapy over the course of the claim. Therefore, the request for additional nine sessions of physical therapy is not medically necessary.