

<b>Case Number:</b>	CM15-0107148		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	02/15/2012
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 61-year-old who has filed a claim for chronic low back pain, neck pain, and shoulder reportedly associated with an industrial injury of February 15, 2012. In a Utilization Review report dated June 1, 2015, the claims administrator failed to approve a request for six sessions of physical therapy for the lumbar spine. The applicant's attorney subsequently appealed. In an appeal letter dated June 8, 2015, the applicant's treating provider apparently appealed a variety of medications as well as the six sessions of physical therapy at issue. The appeal was apparently performed in a highly templated fashion. The applicant had completed a functional restoration program and had received at least 18 sessions of physical therapy, it was acknowledged. The applicant had been terminated by her former employer, it was further acknowledged, but has apparently found work elsewhere. The treating provider's appeal letter focused primarily on the request for the medication request as opposed to discussing the need for physical therapy. In a May 1, 2015 progress note, the applicant was described as having a pending hearing before the Workers Compensation Appeals Board (WCAB). The applicant had received physical therapy, psychologic counseling, and acupuncture, it was reported. The applicant remained depressed, it was noted. The applicant was asked to pursue additional physical therapy. Relafen, Protonix, Norflex, Effexor, BuTrans, buprenorphine, and Topamax were renewed and/or continued. The note was very difficult to follow and mingled historical issues with current issues. In one section of the note towards the bottom of the report it was stated the applicant will be placed off of work, on total temporary disability as of this point in time.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2x week x 3 weeks for the low back:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines; Functional Restoration Approach to Chronic Pain Management Page(s): 99; 8.

**Decision rationale:** No, the request for six sessions of physical therapy for the lumbar spine was not medically necessary, medically appropriate, or indicated here. The applicant has had prior treatment (at least 18 sessions, per the claims administrator) seemingly 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 demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was off work, on total temporary disability, as of the date additional physical therapy was sought, on May 1, 2015. The applicant remained dependent on variety of medications, including opioid agents such as buprenorphine, it was reported on that date. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792. 20e despite receipt of previous physical therapy already in excess of MTUS parameters. Therefore, the request for additional physical therapy was not medically necessary.