

<b>Case Number:</b>	CM15-0133275		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	10/16/2014
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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 [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 16, 2014. In a Utilization Review report dated June 11, 2015, the claims administrator failed to approve a request for 12 sessions of physical therapy for the low back. The claims administrator referenced an RFA form received on June 4, 2015 and an associated progress note of June 3, 2015 in its determination. The claims administrator contended that the applicant had received 11 of 12 recent physical therapy treatments alone. The applicant's attorney subsequently appealed. On June 3, 2015, the applicant reported ongoing complaints of low back pain reportedly attributed to lumbar radiculopathy. Twelve sessions of physical therapy were sought. The applicant was given an extremely proscriptive 5-pound lifting limitation. It did not appear that the applicant was working with said limitation in place, the treating provider suggested. On May 5, 2015, the applicant was given the same, unchanged 5-pound lifting limitation. Once again, it was stated that the applicant's employer was likely unable to accommodate said limitation. A May 27, 2015 physical therapy progress note suggested that the applicant had completed nine sessions of physical therapy out of 12 authorized through that point in time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of physical therapy for the low back (3 x 4): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** No, the request for 12 sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. The applicant had had prior treatment in 2015 alone (12 sessions), seemingly in excess of the 8- to 10-session course suggested 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 same, unchanged 5-pound lifting limitation was renewed as of the June 3, 2015 progress note on which additional physical therapy was ordered, strongly suggesting a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of 12 prior physical therapy treatments. It did not appear, in short, that the applicant had profited from the 12 prior physical therapy treatments, nor did it appear that the applicant would necessarily stand to gain with further therapy, going forward. Therefore, the request was not medically necessary.