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| <b>Case Number:</b>   | CM15-0144407 |                              |            |
| <b>Date Assigned:</b> | 08/05/2015   | <b>Date of Injury:</b>       | 03/26/2014 |
| <b>Decision Date:</b> | 10/28/2015   | <b>UR Denial Date:</b>       | 07/21/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/24/2015 |

### 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] employee who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 26, 2014. In a Utilization Review report dated July 21, 2015, the claims administrator partially approved a request for 18 sessions of physical therapy as 10 sessions of physical therapy. The claims administrator referenced a June 9, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On February 2, 2015, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of low back pain. Gym membership was sought. On May 12, 2015, the applicant was again placed off of work, on total temporary disability. A repeat epidural steroid injection was sought. The applicant's medication list was not detailed. On June 9, 2015, the applicant was again placed off of work, on total temporary disability, while a third epidural steroid injection was scheduled. The applicant was using Naprosyn for pain relief, it was reported. It was not clearly stated why physical therapy was sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 times a week for 6 weeks, lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Physical Medicine.

**Decision rationale:** No, the request for 18 sessions of physical therapy for the lumbar spine was not medically necessary, medically appropriate, or indicated here. The 18-session course of physical therapy at issue, in and of itself, represented treatment in excess of the 8- to 10-course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, i.e., the diagnosis reportedly present here. This recommendation is further qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the fact that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment and by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 48 to the fact that an attending provider should furnish a prescription for physical therapy and/or physical methods which "clearly state treatment goals." Here, the claimant remained off of work, on total temporary disability, on June 9, 2015, despite receipt of earlier unspecified amounts of physical therapy. The claimant remained dependent on various other forms of medical treatment to include Naprosyn and epidural steroid injection therapy. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. The attending provider's June 9, 2015 progress note at issue did not, moreover, contain any seeming discussion of the need for such a lengthy, protracted course of physical therapy. Clear treatment goals were not seemingly formulated or stated, contrary to what is suggested in the MTUS Guideline in ACOEM Chapter 3, page 48. Therefore, the request is not medically necessary.