

<b>Case Number:</b>	CM15-0182890		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	06/25/2012
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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 37-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 25, 2012. In a Utilization Review report dated September 2, 2015, the claims administrator failed to approve a request for 12 sessions of physical therapy for the back. The claims administrator referenced a progress note and an associated RFA form of July 16, 2015 in its determination. On August 27, 2015, the applicant reported ongoing complaints of low back pain status post earlier lumbar decompressive surgery on November 20, 2014. 7-8/10 pain complaints were reported. The applicant was continuing home exercises, it was reported. The applicant reported diminished lower extremity paresthesias status post earlier spine surgery. The applicant was on Tylenol No. 3 on an as-needed basis and Paxil for depression. The applicant was off work and had not worked in over 3 years, it was acknowledged. The applicant had had at least 12 sessions of physical therapy in 2015, the treating provider reported. Additional physical therapy and Ultracet were sought. The applicant was given a rather proscriptive 10-pound lifting limitation, effectively resulting in the applicant's removal from the workplace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) additional physical therapy visits: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** No, the request for 12 additional sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. The applicant was outside of the 6- month postsurgical physical medicine treatment period established in MTUS 9792.24.3 following earlier lumbar decompressive surgery on November 20, 2014 as of the date of the request, August 27, 2015. The MTUS Chronic Pain Medical Treatment Guidelines were therefore applicable. However, the 12 session course of therapy at issue, in and of itself, represented treatment in excess of the 8 to 10 session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, i.e., the diagnosis reportedly present here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that applicants should be instructed and are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Here, the treating provider himself acknowledged on August 27, 2015 that the applicant was in fact capable of performing independent home exercise and was capable of walking for up to 30 minutes daily for exercise purposes. The information on file, thus, suggested that the applicant was in fact capable of continuing self-directed home-based physical medicine without the lengthy formal course of physical therapy at issue, as suggested on both pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.