

<b>Case Number:</b>	CM15-0214111		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	11/21/2005
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2015

### 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 November 21, 2005. In a Utilization Review report dated September 30, 2015, the claims administrator failed to approve a request for eight sessions of physical therapy. A September 21, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On March 26, 2015, the applicant was remained off of work owing to ongoing issues with chronic low back pain. Ancillary complaints of foot pain were reported. The applicant had undergone earlier lumbar spine injury in 2006, it was reported. Topamax was renewed. On September 21, 2015, the applicant was again asked to remain off of work. Topical Voltaren gel was endorsed to ameliorate ongoing issues with chronic low back pain. The applicant was described as having a flare of low back pain. No motor deficits were appreciated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 8 sessions for the lumbar spine:** Upheld

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

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

**Decision rationale:** No, the request for eight sessions of physical therapy for the lumbar spine was not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 8 to 10 sessions of treatment for radiculitis, i.e., the diagnosis reportedly present here, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the fact that applicants should be instructed in and are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels and by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the September 21, 2015 office visit at issue enjoined the applicant to continue home exercises. It was not clearly stated, thus, why further formal physical therapy was endorsed, as it appeared that the applicant was already capable of transitioning to self-directed home-based physical medicine without the lengthy formal course of treatment at issue. The fact that the applicant remained off of work and remained dependent on various analgesic adjuvant medications to include Voltaren gel, oral Topamax, etc., also suggested that the applicant had plateaued in terms of the functional improvement measures established in MTUS 9792.20e following receipt of earlier unspecified amounts of physical therapy over the course of the claim. It did not appear that the applicant could stand to gain from further formal therapist oversight. Therefore, the request was not medically necessary.