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| <b>Case Number:</b>   | CM15-0219384 |                              |            |
| <b>Date Assigned:</b> | 11/12/2015   | <b>Date of Injury:</b>       | 05/26/2015 |
| <b>Decision Date:</b> | 12/30/2015   | <b>UR Denial Date:</b>       | 10/30/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/09/2015 |

### 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 represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 28, 2015. In a Utilization Review report dated November 2, 2015, the claims administrator failed to approve requests for eight sessions of physical therapy for the lumbar spine. A partial approval of 4 sessions was apparently issued. An October 22, 2015 office visit was apparently referenced in the determination. The applicant's attorney subsequently appealed. On a September 21, 2015 RFA form, eight sessions of physical therapy were sought. On August 31, 2015, the applicant reported ongoing issues with chronic neck and low back pain. The applicant was given a rather proscriptive 10-pound lifting limitation. The applicant was status post an epidural steroid injection, the treating provider reported. It was suggested (but did not clearly state) that the applicant was working with limitations in place. On August 3, 2015, same, unchanged 10-pound lifting limitation was imposed. On July 6, 2015, physical therapy was ordered. On November 2, 2015, the applicant reported ongoing issues with chronic low back pain with occasional radiation of pain to the left leg. The applicant was reportedly doing home exercises, the treating provider reported. Treating provider stated the applicant was in the process of reaching maximal medical improvement. The applicant exhibited well preserved lower extremity motor function. The applicant seemingly exhibited normal lumbar range of motion and/or normal gait to include normal heel and toe ambulation and a normal tandem gait. On a physical therapy progress note dated October 22, 2015, it was stated the applicant had 23 sessions of physical therapy to this point of time.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the lumbar spine, quantity: 8 sessions:** 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): 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. The applicant had had prior treatment (23 sessions, per the treating therapist through October 23, 2015), seemingly well in excess of the 8 to 10 session course suggested on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, i.e., the diagnosis reportedly present here. While it was acknowledged that not all the treatments necessarily transpire during the chronic pain phase of treatment, this recommendation is nevertheless qualified by commentary made on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that the applicant should be instructed and/or expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Here, the applicant was described on a November 2, 2015 office visit as trending favorably. The applicant exhibited a normal lower extremity motor function, normal lumbar range of motion, a normal heel-to-toe ambulation, and normal tandem gait. It appeared, thus, the applicant was, in fact, capable of transitioning to self-directed, home-based physical medicine without the lengthy formal course of treatment at issue, as suggested on pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.