

<b>Case Number:</b>	CM15-0089130		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	04/09/2008
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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 61-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of April 9, 2008. In a Utilization Review report dated April 29, 2015, the claims administrator failed to approve a request for six sessions of physical therapy for the cervical and lumbar spine. A RFA form received on April 22, 2015 and an associated appeal letter dated March 26, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On a progress note dated April 21, 2015, physical therapy for the cervical spine, left shoulder, and lumbar spine were proposed along with a cervical radiofrequency ablation procedure. The note was quite difficult to follow and mingled historical issues with current issues. The applicant's medication list included Percocet, Celebrex, Nexium, Lunesta, Voltaren gel, and Lyrica, it was reported. The applicant was status post an epidural steroid injection on March 18, 2015, it was reported. Sleep disturbance was present. The applicant had apparently developed derivative depressive symptoms. The applicant was not working with a permanent 15-pound lifting limitation in place, the treating provider acknowledged. On March 10, 2015, the same, unchanged, 15-pound lifting limitation was renewed, as were prescriptions for Celebrex, Percocet, and Lunesta.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for the Cervical and Lumbar Spine, 6 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Functional Restoration Approach to Chronic Pain Management Page(s): 98; 8.

**Decision rationale:** No, the request for six sessions of physical therapy for the cervical and lumbar spines was not medically necessary, medically appropriate, or indicated here. As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Here, it was not clearly stated or clearly established why the applicant could not transition to self-directed home-based physical medicine as of the date of the request, approximately five years removed from the date of injury. The attending provider did not furnish a clear or compelling rationale for pursuit of additional physical therapy at this relatively late stage in the course of the claim. It is not clearly stated how the applicant could profit from further physical therapy. The applicant's response to earlier physical therapy, by all accounts, appeared to have been poor. The applicant had failed to return to work. A rather proscriptive 15-pound lifting limitation was renewed, seemingly unchanged, from visit to visit, despite receipt of earlier physical therapy in unspecified amounts over the course of the claim. Earlier physical therapy had failed to curtail the applicant's dependence on opioid agents such as Percocet and/or non-opioid agents such as Celebrex. 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. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, a demonstration of functional improvement with earlier physical therapy was, quite clearly, absent. Therefore, the request for an additional six sessions of physical therapy was not medically necessary.