

<b>Case Number:</b>	CM14-0164871		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	12/23/1990
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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] police officer who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 23, 1990. Thus far, the applicant has been treated with the following; analgesic medications; unspecified amounts of physical therapy over the course of the claim; epidural steroid injection therapy; and earlier lumbar laminectomy surgery. In a Utilization Review Report dated September 9, 2014, the claims administrator denied a request for 12 to 18 sessions of physical therapy. The applicant's attorney subsequently appealed. In an appeal letter dated September 18, 2014, the applicant also stated that a physical therapy had been the treatment which had proven most efficacious therapy in the past. The applicant stated that earlier lumbar spine surgery in 2004 had failed. The applicant also stated that epidural steroid injection therapy had generated adverse effects. The applicant stated that he believed that physical therapy was the modality which would be most beneficial for him, going forward. In a progress note dated September 21, 2014, the applicant reported persistent complaints of low back pain status post recent epidural steroid injection therapy. The applicant was using Norco for pain relief. Low back pain radiating to the leg was also reported. The applicant was diabetic, it was further noted. The substance abuse history and mental health history portions of the note were blacked out, presumably for privacy purposes. The applicant was described as a former policeman and "retired," at age 48. The applicant's medication list included Cymbalta, Norco, Zestril, and Metformin. The applicant was overweight, with a BMI of 31. The applicant was using a cane to move about. Laboratory testing and further epidural steroid injection therapy were seemingly sought. The applicant seemingly received an earlier epidural steroid injection on August 13, 2014. On July 23, 2014, the applicant was given a prescription for Oxycodone. The applicant was described as using a cane at this point. The applicant was described as obese, with a BMI of 31.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy (PT) 12-18 sessions to the back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** The 12- to 18-session course of treatment proposed, in and of itself, represents treatment in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reported present here. It is further noted that this recommendation is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be some demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. In this case, however, the applicant is off of work. The applicant is reportedly "retired," at age 48. The applicant remains dependent on opioid agents such as Norco and Oxycodone. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for additional physical therapy is not medically necessary.