

<b>Case Number:</b>	CM15-0078233		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	05/07/2007
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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 40-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 7, 2007. In a Utilization Review report dated April 17, 2015, the claims administrator failed to approve a request for eight sessions of physical therapy for the lumbar spine. The claims administrator referenced a progress note dated February 11, 2015 in its determination as well as an RFA form dated March 9, 2015. The applicant's attorney subsequently appealed. On September 30, 2014, the applicant reported ongoing complaints of low back pain radiating to the right leg, 8/10. MRI imaging of the hip and knee were pending. The applicant was on Robaxin, Provigil, Suboxone, Tegretol, Elavil, Pristiq, Lyrica, and Topamax, it was acknowledged. The applicant was severely obese, with a BMI of 36. The applicant was status post earlier failed lumbar spine surgery with subsequent implantation of a spinal cord stimulator. Multiple medications were renewed. The applicant's work status was not outlined, although the applicant did not appear to be working. On April 16, 2015, the applicant reported persistent complaints of low back pain and ancillary complaints of lower extremity neuropathic pain. The applicant was severely obese, with a BMI of 37. The applicant was using Provigil, Robaxin, Tegretol, Suboxone, Elavil, Pristiq, Lyrica, Topamax, and Zofran, it was acknowledged. A spinal cord stimulator revision procedure was proposed. The applicant's work status was not furnished, although it did not appear that the applicant was working. On March 10, 2015, the applicant reported 7-8/10 pain with medications versus 9/10 pain without medications. The attending provider stated that the applicant would be unable to

walk, sit, and/or stand without her medications. Physical therapy was proposed. Once again, the applicant's work status was not detailed.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**8 sessions of physical therapy for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

**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, 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 effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, the applicant's work status was not outlined on multiple office visits, referenced above, suggesting that the applicant was not, in fact, working. The applicant continued to report difficulty performing activities of daily living as basic as standing, standing, and walking, despite receipt of earlier physical therapy in unspecified amounts over the course of the claim. The applicant remained dependent on various analgesic and/or adjuvant medications, including Robaxin, Suboxone, Tegretol, Pristiq, Elavil, Lyrica, Topamax, etc. 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. Therefore, the request was not medically necessary.