MAXIMUS Federal Services

Case Number:	CM13-0014223		
Date Assigned:	10/02/2013	Date of Injury:	05/30/2004
Decision Date:	06/09/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of May 30, 2004. Thus far, the applicant has been treated with analgesic medications, trigger point injection therapy, epidural steroid injection therapy, transfer of care to and from various providers in various specialties and unspecified amounts of physical therapy. In a Utilization Review Report dated August 9, 2013, the claims administrator denied a request for eight sessions of physical therapy. The applicant's attorney subsequently appealed. An earlier handwritten note of July 31, 2013 was notable for comments that the applicant was off of work, on total temporary disability. The progress note was difficult to follow and was not entirely legible. The applicant was in the process of receiving epidural steroid injection therapy. Several medications, including Norco, Soma, Lortab, and Valium were apparently refilled while additional physical therapy was apparently sought. An earlier note of July 1, 2013 was again notable for comments that the applicant remained off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSIO-THERAPY TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS TO THE LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48,Chronic Pain Treatment Guidelines Page(s): 8.

Decision rationale: As noted in the California MTUS-adopted ACOEM Guidelines in Chapter 3, page 48, it is incumbent upon the attending provider to furnish a clear prescription which clearly states that treatment goals should be accomplished with physical therapy. In this case, however, the documentation on file is sparse, handwritten, difficult to follow, not entirely legible, and does not clearly establish any treatment goals for further physical therapy at this late date, some 9 to 10 years removed from the date of injury. As further noted on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, demonstration of functional improvement at various milestones in the treatment program is needed in order to justify continued treatment. In this case, the applicant had had earlier physical therapy over the life of the claim. However, the applicant has failed to demonstrate any functional improvement as defined in MTUS 9792.20f despite completion of the same. The applicant is off of work, on total temporary disability. The applicant remains highly reliant on a variety of analgesic and adjuvant medications, including Norco, Lortab, Soma, Valium, etc. All of the above, taken together, imply a lack of functional improvement as defined in section 9792.20f despite completion of earlier unspecified amounts of physical therapy. Therefore, the request for an additional eight sessions of physical therapy is not medically necessary, for all of the stated reasons.