

Case Number:	CM13-0016852		
Date Assigned:	11/06/2013	Date of Injury:	10/27/2005
Decision Date:	01/17/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	08/26/2013

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.

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] employee, who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 27, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy over the life of the claim; attorney representation; transfer of care to and from various providers in various specialties; electrodiagnostic testing of March 9, 2013, notable for chronic multilevel lumbar radiculopathy; prior discectomy in 2007; transfer of care to and from various providers in various specialties; adjuvant medications; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of August 22, 2013, the claims administrator denied a request for additional physical therapy. The applicant's attorney later appealed. An earlier clinical progress note of July 31, 2013 is notable for comments that the applicant is feeling worse, reports 8/10 low back pain. The applicant is limping. Limited lumbar range of motion is noted with tenderness about the sacroiliac joints. The applicant is given prescriptions for Percocet, Flexeril, Naprosyn and Neurontin and is asked to remain off of work, on total temporary disability, for additional one month. MRI imaging of the ankle is sought.

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 QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 8, 99.

Decision rationale: As noted on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, there must be demonstration of functional improvement at various milestones in functional restoration program so as to justify continued treatment. In this case, however, there is no evidence that the applicant has demonstrated functional improvement through prior unspecified amounts of physical therapy over the life of the claim. The applicant remains off of work, on total temporary disability, several years removed from the date of the injury. The applicant is highly reliant on various forms of medical treatment, including medications and physician office visits. Therefore, the request is denied owing to a lack of functional improvement as defined in MTUS 9792.20f following completion of prior unspecified amounts of physical therapy over the life of the claim.