

Case Number:	CM13-0023783		
Date Assigned:	11/15/2013	Date of Injury:	05/25/2007
Decision Date:	02/05/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/12/2013

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 low back pain, facet arthropathy, and depression reportedly associated with an industrial injury of May 25, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy over the life of the claim, including 12 sessions in 2013; attorney representation; psychotropic medications; anxiolytic medications; and extensive periods of time off of work. In a Utilization Review Report of August 22, 2013, the claims administrator approved a request for oral Diclofenac, approved a urine drug screen, and denied a request for physical therapy, citing the fact that the applicant has had 12 recent sessions of physical therapy. The applicant's attorney later appealed. A later note of October 30, 2013 is notable for comments that the applicant presents with chronic low back pain, 5/10. The applicant did have paraspinal tenderness to touch and near normal lumbar range of motion. The applicant was given prescriptions for tramadol, Voltaren, and Prilosec. Permanent work restrictions were endorsed. It does not appear that the applicant has returned to work with permanent limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve additional sessions of physical therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

Decision rationale: The 12 sessions of treatment being proposed here would represent treatment in excess of the 9-to 10-session course recommended on Page 99 of the MTUS Chronic Medical Treatment Guidelines. Pages 98 and 99 of the MTUS Chronic Medical Treatment Guidelines further endorse active therapy, active modalities, self-directed home physical medicine, and tapering or fading the frequency of treatment over time. In this case, the attending provider did not furnish any clear directives for the 12 sessions of treatment. The attending provider did not clearly state why additional treatment is being sought. The request for twelve additional sessions of physical therapy is not medically necessary and appropriate.