

Case Number:	CM13-0024927		
Date Assigned:	03/21/2014	Date of Injury:	07/16/2012
Decision Date:	05/07/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/16/2013

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 preprinted checkboxes. No clear rationale for additional treatment beyond the guideline is provided. Therefore, the request is not certified, on Independent Medical Review.

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 patient is a represented Los Angeles [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of July 16, 2012. Thus far, the patient has been treated with the following: Analgesic medications; attorney representations; unspecified amounts of physical therapy over the life of the claim; and muscle relaxants. In a Utilization Review Report of September 4, 2013, the claims administrator denied a request for eight sessions of physical therapy. The claims administrator suggested that the patient had had at least six to seven sessions of physical therapy to date. The claims administrator also stated that the patient's attending provider had been recommending eight sessions of physical therapy each of the past several months. Non-MTUS ODG Guidelines were cited, although the MTUS does address the topic at hand. In an August 15, 2013 progress note, the attending provider refilled prescriptions for Naprosyn, Flexeril, Imitrex, Zofran, Prilosec, Tramadol, and Medrox. In an earlier note of August 14, 2013, the applicant was described as reporting multifocal pain secondary to cumulative trauma. On July 7, 2013, the patient was described as having issues with neck pain, low back pain, carpal tunnel syndrome, cubital tunnel syndrome, shoulder pain, knee pain, and right foot drop. The patient was nevertheless returned to regular work.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2x4 FOR C/S BLUE AND LOW BACK: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The eight-session course of treatment would, in conjunction with the six to seven sessions of physical therapy treatment already completed, result in an overall course of treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the issue present here. It is further noted that both pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines endorse tapering or fading the frequency of treatment over time and emphasize the importance of self-directed home physical medicine. In this case, the attending provider has not clearly stated why additional treatment is needed. The attending provider has not clearly stated why the applicant cannot transition to a home exercise program, though she has already transitioned to regular duty work. The documentation on file is sparse, highly template, and uses preprinted checkboxes. No clear rationale for additional treatment beyond the guideline is provided. Therefore, the request is not certified, on Independent Medical Review.