

Case Number:	CM13-0025683		
Date Assigned:	11/20/2013	Date of Injury:	01/03/2007
Decision Date:	08/15/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/17/2013

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 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 reportedly associated with an industrial injury of January 3, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; muscle relaxants; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 9, 2013, the claims administrator approved request for Norco and Fexmid while denying a request for eight sessions of physical therapy. The claims administrator contended that the applicant could transition to a home exercise program of his own accord. The applicant's attorney subsequently appealed. In a progress note of August 27, 2013, the applicant transferred care to a new primary treating provider (PTP). The applicant reported persistent complaints of low back pain which were reportedly interfering his ability to work as a plumber. X-rays of the lumbar spine demonstrated degenerative joint disease of the same. Eight sessions of physical therapy, Norco and Fexmid were endorsed while the applicant was placed off of work, on total temporary disability. It was not clearly stated how much prior physical therapy treatment the applicant had had to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2XWK X 4WKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Physical Medicine topic Page(s): 8, 99.

Decision rationale: While the eight-session course of treatment purposed is consistent with the 8 to 10 session course of treatment recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here, this recommendation is qualified by commentary made on page 8 of the Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvement at various milestones of treatment program so as to justify continued treatment. In this case, however, the applicant was placed off of work, on total temporary disability, for a span of six weeks, in late 2013 following 2007 industrial injury. The applicant remained reliant and dependent on medication such as Norco and Fexmid, several years removed from the date of injury. It was not, moreover, clearly stated how much physical medicine treatment had transpired over the course of the claim, through other treating providers. No rationale or clear treatment goals for further therapy were outlined by the treating provider. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 48, a clear prescription for physical therapy which clearly states treatment goals increases the value of physical therapy. In this case, however, a clear statement of treatment goals was not furnished. For all these stated reasons, then, request is not medically necessary.