MAXIMUS Federal Services

Case Number:	CM13-0028099		
Date Assigned:	03/28/2014	Date of Injury:	05/08/2008
Decision Date:	10/30/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/23/2013

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 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 May 8, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; opioid therapy; and earlier lumbar spine surgery. In a Utilization Review Report dated September 11, 2013, the claims administrator partially approved a request for Norco while denying request for an epidural steroid injection and physical therapy outright. The applicant's attorney subsequently appealed.In a June 26, 2013 progress note, the applicant reported persistent complaints of low back pain status post earlier failed lumbar laminectomy surgery. It was stated that the applicant was considering a spinal cord stimulator trial. It was noted that the applicant had received epidural steroid injections at earlier points over the course of the claim (without significant benefit). The applicant was placed off of work, on total temporary disability. Norco was renewed. In an earlier note dated June 18, 2013, Norco was again renewed. The applicant was asked to obtain additional physical therapy. The applicant was overweight, with a BMI of 31. 7/10 pain was noted. Physical therapy was endorsed, while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times per week for 4 weeks: Upheld

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

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

Decision rationale: While the eight-session course of treatment proposed is in-line with the 8- to 10-session course 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 MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. In this case, the applicant is off of work, on total temporary disability. The applicant remains highly dependent on opioid agents such as Norco. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for additional physical therapy is not medically necessary.