

Case Number:	CM13-0030637		
Date Assigned:	11/27/2013	Date of Injury:	12/27/2007
Decision Date:	02/14/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/30/2013

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 reportedly associated with an industrial injury of December 27, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; prior lumbar fusion surgery; subsequent lumbar hardware removal surgery on January 23, 2012; 30 sessions of physical therapy in 2013, per the claims administrator; unspecified amounts of aquatic therapy and acupuncture; attorney representation; and the apparent imposition of permanent work restrictions. It does not appear that the applicant's limitations have been accommodated by the employer. In a utilization review report of September 13, 2013, the claims administrator denied a request for 12 sessions of physical therapy. The applicant's attorney later appealed. An earlier note of August 13, 2013 is notable for comments that the applicant reports pain ranging from 2 to 4/10. She is off of work. She is on Xanax, Prozac, Tramadol, Flexeril, and various topical compounds. She is moving stiffly and slowly. 18 sessions of physical therapy, medications, and permanent work restrictions are renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for additional physical therapy three times a week for four weeks: Upheld

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

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

Decision rationale: The applicant has already had prior treatment (at least 30 sessions); seemingly well in excess of the 9- to 10-session course recommended on page 99 of MTUS Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts. All the information on file suggested that the applicant has reached a plateau in terms of the functional improvement measures established in MTUS 9792.20f. The applicant has permanent work restrictions which remain in place, unchanged, from visit to visit. The applicant continues to remain highly reliant on various analgesics and psychotropic medications, detailed above. There is not, consequently, any evidence of ongoing functional improvement which would justify the continued treatment being sought here. Accordingly, the request remains non-certified, on independent medical review.