

Case Number:	CM13-0031508		
Date Assigned:	12/04/2013	Date of Injury:	09/06/2006
Decision Date:	02/06/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/03/2013

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 associated with an industrial injury that took place on September 6, 2006. Thus far, the applicant has been treated with analgesic medications; lumbar fusion surgery; CT myelography of the lumbar spine, notable for solid lumbar fusion; unspecified amounts of physical therapy over the life of the claim, including 24 sessions of treatment in 2013; multiple lumbar spine surgeries, including a third fusion surgery in October 2011; cervical fusion surgery in 2012; epidural steroid injection therapy in July 2013; imposition of permanent work restrictions; and extensive periods of time off of work. In a medical-legal evaluation on August 13, 2013, the applicant states that he continues to receive Social Security Disability benefits. He also has received temporary total disability payments for two years following the date of injury. The applicant was given a 66% whole-person impairment rating. A note dated September 3, 2013 suggests that the applicant is using Duragesic, Motrin, Percocet, Robaxin, and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The applicant has had extensive physical therapy over the life of the claim, well in excess of the 9-10 session course recommended in the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts. The applicant has reached a plateau in terms of the functional improvement measures established in MTUS 9792.20F. There is no evidence of ongoing functional improvement which would justify continued treatment. The applicant remains quite reliant on medications, injections, disability payments, etc., permanent work restrictions have been imposed, and the applicant has not worked in several years. It does not appear that ongoing physical therapy has been markedly beneficial; therefore, the request for additional physical therapy is not certified.