

Case Number:	CM13-0048500		
Date Assigned:	03/14/2014	Date of Injury:	08/15/2012
Decision Date:	05/08/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/06/2013

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 neck and low back pain reportedly associated with an industrial injury of August 15, 2012. Thus far, the applicant has been treated with analgesic medications, attorney representation, unspecified amounts of physical therapy over the life of the claim and various interventional spine procedures; and work restrictions. In a utilization review report of October 10, 2013, the claims administrator partially certified request for 12 sessions of physical therapy as six sessions of physical therapy, citing a variety of non-MTUS and MTUS Guidelines including ODG Guidelines, Third Edition ACOEM Guidelines, and Postsurgical Treatment Guidelines, although this is not a postsurgical case. A January 21, 2014 progress note is notable for comments that the applicant reports ongoing neck and low back pain. Physical therapy and lumbar medial branch blocks were sought. In a July 16, 2013 progress note, the applicant was returned to work with a rather permissive 50-pound lifting limitation. On December 17, 2013, the applicant was given a knee injection. On September 23, 2013, the attending provider sought authorization for Synvisc injections for the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT X 12 FOR THE CERVICAL/ LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines
Page(s): 114.

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

Decision rationale: The twelve sessions of treatment proposed here would, in and of itself, represent 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 seemingly present here. In this case, there has, however, seemingly been no evidence of functional improvement which would support further treatment beyond the guideline. The applicant is off of work. The applicant remains highly reliant on medication therapy, physical therapy, and other treatments. Therefore, the request for 12 additional sessions of physical therapy is not indicated and not certified, on Independent Medical Review.