

Case Number:	CM13-0058285		
Date Assigned:	12/30/2013	Date of Injury:	08/09/2011
Decision Date:	05/02/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/26/2013

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 patient is a represented [REDACTED] employee who has filed a claim chronic low back pain reportedly associated with an industrial injury of August 9, 2011. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy over the life of the claim; earlier MRI imaging of February 12, 2009, notable for low-grade disk bulges and degenerative change of uncertain clinical significance; extracorporeal shock wave therapy; and unspecified amounts of acupuncture. In a Utilization Review Report of October 17, 2013, the claims administrator denied a request for unspecified amounts of physical therapy. The patient's attorney and attending provider subsequently appealed. In a letter dated November 15, 2013, the attending provider writes that the applicant has tenderness and limited range of motion about the lumbar spine. It is stated that the applicant has not had any prior physical therapy in the last year. The applicant's work status, functional status, and response to prior treatment are not clearly stated. Nevertheless, additional physical therapy is sought. A December 21, 2013 progress note was notable for comments that the patient had persistent complaints of low back, shoulder, and elbow pain and 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 LUMBAR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chronic Pain Treatment Guidelines.

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 48, the value of physical therapy "increases" when an attending gives the treating therapist a specific description of the diagnosis and lesions causing an applicant's symptoms. An attending provider should furnish a prescription which clearly states treatment goals, ACOEM further notes. In this case, however, the attending provider did not furnish any clear treatment goals. It was not clearly stated how much prior therapy the applicant had had, what the response to prior treatment was, and what the goals for additional treatment were, going forward. It was not clearly precisely how many physical therapy treatments were being requested. It is further noted that page 8 of the MTUS Chronic Pain Medical Treatment Guidelines notes that demonstration of functional improvement is "necessary" at various milestones in the treatment program so as to justify continued treatment. In this case, the fact that the applicant remains off of work, on total temporary disability, despite having completed prior unspecified amounts of physical therapy over the life of the claim implies the lack of functional improvement as defined in MTUS 9792.20f. Therefore, the request is not certified, for all of the stated reasons.