

Case Number:	CM13-0062430		
Date Assigned:	12/30/2013	Date of Injury:	09/21/2012
Decision Date:	05/21/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	12/06/2013

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 low back pain reportedly associated with an industrial injury of September 1, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; 18 sessions of physical therapy, per the claims administrator; attorney representation; and muscle relaxants. In a Utilization Review Report of August 22, 2013, the claims administrator denied a request for six additional sessions of physical therapy, citing both the MTUS Chronic Pain Medical Treatment Guidelines and the MTUS-adopted ACOEM Guidelines in Chapter 12. The applicant's attorney subsequently appealed. A November 13, 2013 progress note is notable for comments that the applicant reported persistent low back pain. A 20-pound lifting limitation was endorsed at that point. The applicant was pursuing chiropractic manipulative therapy and was also on Naprosyn for pain relief. A December 4, 2013 progress note was again notable for comments that the applicant was given a rather proscriptive 20-pound lifting limitation. It did not appear that the applicant was working. Additional manipulative therapy was sought at that point. Earlier notes of August 12 and August 27, 2013 were notable for comments that the applicant had a 30-pound lifting limitation in place. On October 14, 2013, the applicant was described as using both Naprosyn and cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) ADDITIONAL PHYSICAL THERAPY SESSIONS FOR THE LUMBAR SPINE:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-303,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 (18 sessions, per the claims administrator), seemingly well in excess of the nine to ten (9 to 10) session course recommended by the Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts. The applicant has seemingly plateaued in terms of the functional improvement measures, according to the guidelines. The applicant's work restrictions do not appear to be changing materially from visit to visit. The applicant remains reliant on medications and other forms of medical treatment, including manipulative therapy. No clear goals for additional physical therapy beyond the guideline have been provided. The request is not medically necessary, due to the applicant reaching a plateau with earlier treatment.