

Case Number:	CM13-0070532		
Date Assigned:	01/03/2014	Date of Injury:	12/08/2005
Decision Date:	10/21/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/24/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 December 8, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; earlier lumbar laminectomy surgery; earlier cervical laminectomy surgery; psychological counseling; and unspecified amounts of physical therapy over the life of the claim. In a utilization review report dated December 3, 2013, the claims administrator denied a request for 8 sessions of physical therapy. Despite the fact that the applicant was well outside of the postsurgical physical medicine treatment window, the claims administrator nevertheless cited the postsurgical treatment guidelines in MTUS 9792.24.3. The claims administrator stated that the attending provider did not document how much prior treatment the applicant had had over the course of the claim and following earlier cervical and lumbar fusion surgeries in 2011. The applicant's attorney subsequently appealed. In a December 12, 2013, progress note, it was suggested that the applicant had not had any physical therapy in two years. The applicant had developed a variety of comorbidities, it was suggested, including a DVT. The applicant was obese, with a BMI of 32. The applicant was having a variety of issues with depression and was pending opioid detoxification, it was further noted. The applicant also stated that he was tearful, irritable, depressed, and was also considering reconsulting a spine surgeon. Diminished left lower extremity strength and sensorium were noted. The applicant was unable to walk on his toes and heels. In a psychology note seemingly dated August 15, 2013, it was stated that the applicant had not worked in several years, was not engaging in much activity, was depressed, and had a resultant global assessment of functioning (GAF) of 40 to 50.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 4 weeks for the Lumbar Spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Topic. Page(s): 99,8.

Decision rationale: The 8-session course of treatment proposed does conform to the 8- to 10-session course of treatment recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis seemingly present here. While page 8 of the MTUS Chronic Pain Medical Treatment Guidelines does stipulate that there must be some demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment, in this case, however, the applicant's mental health comorbidities, lack of any recent treatment in the preceding two years, apparently significant depressive symptoms, and issues with opioid dependence, taken together, do suggest that provision of additional treatment may prove beneficial here. Therefore, the request for 8 Sessions of Physical Therapy 2 x week for 4 weeks for the Lumbar Spine is medically necessary.