MAXIMUS Federal Services

Case Number:	CM13-0070739		
Date Assigned:	01/08/2014	Date of Injury:	01/18/2013
Decision Date:	08/25/2014	UR Denial Date:	12/20/2013
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 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 January 18, 2013. Thus far, the applicant has been treated with analgesic medications; unspecified amounts of the physical therapy; MRI imaging of the lumbar spine of May 31, 2013, reportedly notable for disk dissection and an annular tear at L4-L5; and at least six sessions of massage therapy, per the claims administrator. In a utilization review report dated December 20, 2013, the claims administrator denied a request for eight additional sessions of physical therapy for the lumbar spine. It was stated that the applicant had had 18 sessions of physical therapy approved to date, and that the applicant was off of work. It was suggested that the applicant's case and care have been complicated by rheumatoid arthropathy of some kind. In a December 30, 2013 appeal letter, the treating provider appealed the decision to deny eight additional sessions of physical therapy. The attending provider stated that the applicant was making slow progress with physical therapy and that the applicant's issues were trending toward resolution. The treating provider stated that the applicant was responding favorably to treatment. On a December 3, 2013 progress note, it was acknowledged that the applicant's case and care have been complicated by rheumatoid arthropathy requiring usage of Baclofen, Methotrexate, and Prednisone. It was stated that the applicant was slowly achieving goals. The applicant was placed off work, on total temporary disability, as of this point in time, however.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWICE A WEEK FOR FOUR WEEKS FOR THE LOW BACK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: The applicant had already had prior treatment (18 sessions) seemingly well in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here. As of the date of the utilization review report, December 20, 2013, there had been no demonstration of functional improvement, which would support additional treatment beyond MTUS parameters. The applicant remained off of work, on total temporary disability. The applicant remained highly reliant and highly dependent on various analgesic and adjuvant medications, including Methotrexate, prednisone, and Baclofen. All of the above, taken together, implied a lack of functional improvement as defined in MTUS 9792.20f despite completion of 18 earlier physical therapy sessions, approximately two times that recommended on page 99 of MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request for eight additional sessions of physical therapy was not medically necessary.