

Case Number:	CM13-0071301		
Date Assigned:	02/05/2014	Date of Injury:	04/08/2010
Decision Date:	06/09/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/27/2013

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 industrial injury of April 8, 2010. 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; 16 sessions of physical therapy over the life of the claim, per the claims administrator, including 10 sessions in 2013; unspecified amounts of massage of therapy and chiropractic manipulative therapy; and extensive periods of time off of work. In a Utilization Review Report dated December 10, 2013, the claims administrator denied a request for six additional sessions of physical therapy, citing non-MTUS Third Edition ACOEM Guidelines, although the MTUS does address the topic. The applicant's attorney subsequently appealed. A December 13, 2013 progress note was notable for comments that the applicant had received 12 sessions of physical therapy through that point in time. The applicant was described as doing fairly well, reporting 5-8/10 pain. The applicant was reportedly not working at that point in time. The applicant's case and care were complicated by comorbid diabetes, it was acknowledged. Limited lumbar range of motion is noted. Medications were renewed. An earlier note of October 18, 2013 was again notable for comments that the applicant was not working. Physical therapy, a back brace, and Motrin were endorsed. An earlier note of June 21, 2013 was notable for comments that the applicant was pursuing physical therapy and a back brace. On April 12, 2013, the applicant was again described as not working and was using a variety of analgesic medications, including Flexeril, Norco, Vicodin, and Naprosyn.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTENSION PT LUMBAR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8-99.

Decision rationale: The applicant has had prior treatment (at least 16 sessions) over the life of the claim, seemingly 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, however, there has been no demonstration of functional improvement which would support further treatment beyond the guideline. As noted on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, demonstration of functional improvement is needed at various milestones in the treatment program so as to justify continued treatment. In this case, however, there has been no such improvement as defined in section 9792.20f. The applicant is off of work. The applicant remains highly reliant on Vicodin, Naprosyn, Flexeril, and other medications. Therefore, the request is not medically necessary, for all of the stated reasons.