

Case Number:	CM14-0002405		
Date Assigned:	01/24/2014	Date of Injury:	10/29/2008
Decision Date:	08/28/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/07/2014

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 October 29, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy; unspecified amounts of cognitive behavioral therapy; earlier lumbar fusion surgery on April 16, 2013; and a TENS unit. In a Utilization Review Report dated December 17, 2013, the claims administrator partially certified a request for six sessions of physical therapy as three sessions of physical therapy, citing both MTUS and non-MTUS Guidelines. The applicant's attorney subsequently appealed. In a progress note dated December 2013, the applicant reported 6/10 pain. The applicant is having difficulty ambulating. The applicant is using crutches. The applicant apparently had a pending hearing before the Workers' Compensation Appeals Board (WCAB). The applicant was also having depressive symptoms for which he was using Prozac. The applicant exhibited a waddling gait. Prozac was renewed. It was acknowledged that the applicant had not worked since 2008. The applicant was again placed off of work, on total temporary disability, while both physical and cognitive behavioral therapy were sought. No clear goals for physical therapy were outlined.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO TIMES PER WEEK FOR THREE WEEKS TO THE LOW BACK: Upheld

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

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

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse a general course of 8 to 10 sessions of treatment for radiculitis, the diagnosis reportedly present here, this recommendation is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be some demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, however, the applicant is off work, on total temporary disability. The applicant is apparently intent on pursuing numerous other kinds of medical treatment, including cognitive behavioral therapy, a spinal cord stimulator trial, psychotropic medications, etc. All the above, taken together, imply a lack of functional improvement as defined in the MTUS, despite completion of earlier unspecified amounts of physical therapy over the course of the claim following an October 2008 industrial injury. No clear goals for further physical therapy were outlined by the attending provider this late date in the life of the claim. Therefore, the request is not medically necessary.