

Case Number:	CM14-0012915		
Date Assigned:	02/24/2014	Date of Injury:	08/15/2012
Decision Date:	06/26/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/31/2014

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 August 15, 2012. 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; sacroiliac joint injection therapy; opioid therapy; facet joint blocks; and a TENS unit. In a Utilization Review Report of January 23, 2014, the claims administrator partially certified a request for eight sessions of physical therapy as three sessions of physical therapy. The three additional sessions were apparently partially certified for home exercise transition purposes. The applicant's attorney subsequently appealed. In an earlier note of October 2, 2013, the applicant's treating provider acknowledged that the applicant had had a "full course" of physical therapy including chiropractic manipulative therapy with "minimal improvement." The attending provider, at that point, sought sacroiliac joint injection therapy. A January 8, 2014 progress note was notable for comments that the applicant reported persistent low back pain. The applicant reported 5/10 pain. The applicant exhibited limited lumbar range of motion in some planes and full range of motion in other planes secondary to pain. An additional six to eight sessions of physical therapy were sought. The applicant was described as retired from his former employment. The applicant was described as using unspecified medications which were reportedly helping; however, the attending provider did not detail the applicant's medication list. On January 21, 2013, the applicant was described as using Vicodin, verapamil, losartan, and Lodine.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2X WK X 4WKS LUMBAR/SACRUM:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE GUIDELINES, PAGE 99

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48,Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: As noted on pages 98 and 99 of the MTUS Chronic Pain Guidelines, the emphasis, during the chronic pain phase of an injury, should be on active therapy, active modalities, tapering or fading the frequency of treatment over time, and on self-directed home physical medicine. The eight-session course of treatment proposed here, at this late date between one to two years removed from the date of injury, thus, runs counter to MTUS principles and parameters. It is further noted that the ACOEM Guidelines in Chapter 3, page 48, states that it is incumbent upon the treating provider to furnish the treating therapist with a clear description of the diagnoses and lesions causing an applicant's complaints, along with clear treatment goals of physical therapy. In this case, however, no clear treatment goals were provided. It was not clearly stated what the additional, lengthy, formal six- to eight-session course of physical therapy was intended to address. Therefore, the request is not medically necessary and appropriate.