

Case Number:	CM14-0154999		
Date Assigned:	09/24/2014	Date of Injury:	12/13/2013
Decision Date:	12/12/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/17/2014

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 claimant is a represented [REDACTED] company employee, who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 13, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; unspecified amounts of physical therapy, manipulative therapy, and acupuncture over the course of the claim. In a Utilization Review Report dated July 16, 2014, the claims administrator failed to approve a request for 12 sessions of physical therapy. The applicant's attorney subsequently appealed. In a June 13, 2014 progress note, the applicant reported ongoing complaints of low back pain with intermittent lower extremity paresthesias. The applicant was severely obese, standing 5 feet 7 inches tall and weighing 288 pounds, it was noted. It was acknowledged that the applicant was off of work, on total temporary disability and had been off of work since March 14, 2014, several months prior. The applicant was still using Naprosyn, Flexeril, and Soma, it was acknowledged and was having difficulty performing activities of daily living such as basic as lifting, sleeping, bending, and twisting. The applicant noted that he had gotten worse overtime, despite earlier conservative therapy. Norco was endorsed. Additional physical therapy was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 X 4 of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic Functional Restoration Approach to Chronic Pain Management section..

Decision rationale: The 12 session course of treatment proposed, in and of itself, represents treatment 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. It is further noted that page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there must be some demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant is off of work, on total temporary disability. The applicant remains dependent on a variety of opioid and non-opioid medications, including Norco, tramadol, Flexeril, etc., is having difficulty performing activities of daily living as basic as lifting, sleeping, bending, and twisting. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite extensive prior physical therapy over the course of claim. Therefore, the request for additional physical therapy is not medically necessary.