

Case Number:	CM14-0160974		
Date Assigned:	10/06/2014	Date of Injury:	03/05/2010
Decision Date:	11/10/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/01/2014

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 neck, low back, and hip pain reportedly associated with an industrial injury of May 5, 2010. Thus far, the applicant has been treated with the following: Analgesic medications, unspecified amounts of physical therapy; unspecified amounts of manipulative therapy; and earlier cervical fusion surgery. In a Utilization Review Report dated September 4, 2014, the claims administrator partially approved a request for 12 sessions of physical therapy as eight sessions of the same. The applicant's attorney subsequently appealed. In a January 23, 2014 progress note, the applicant presented with persistent complaints of low back, hip, neck, and lower extremity pain with derivative complaints of headaches. It was acknowledged that the applicant was not working with limitations in place. It was acknowledged that the applicant had had cervical spine surgery in 2013, 12 sessions of acupuncture in 2013, and six sessions of acupuncture in late 2013. The applicant had not worked since March 2013, it was noted. Medication selection and medication efficacy were not discussed. The applicant's medication list was not provided. In an August 13, 2014 appeal letter, the attending provider appealed previously denied physical therapy, stating that the applicant had developed a flare in low back pain. The attending provider stated that the applicant had not received much treatment for the lumbar spine as earlier treatment had focussed on the applicant's cervical spine. The applicant's work status was not furnished. In an August 21, 2014 progress note, the applicant reported persistent complaints of neck and low back pain. The applicant was using Norco for pain relief, it was acknowledged. A traction device was sought. In a September 18, 2014 work status report, the attending provider acknowledged that the applicant would remain off of work, on total temporary disability, as his employer is unable to accommodate his limitations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 12 sessions for 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 Page(s): 99, 8.

Decision rationale: The 12-session course of treatment proposed, in and of itself represents treatment 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. It is further noted that 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 in order to justify continued treatment. In this case, however, the applicant is off of work, on total temporary disability. Earlier physical therapy has failed to curtail the applicant's dependence on opioid agents such as Norco. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for additional physical therapy is not medically necessary.