

Case Number:	CM14-0161837		
Date Assigned:	10/07/2014	Date of Injury:	11/05/2012
Decision Date:	11/24/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/25/2014

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 November 5, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; opioid therapy; epidural steroid injection therapy; and topical compounds. In a Utilization Review Report dated August 29, 2014, the claims administrator partially approved a request for 12 sessions of physical therapy as six sessions of the same. The applicant's attorney subsequently appealed. In a progress note dated August 8, 2014, the applicant reported ongoing complaints of low back pain radiating to the right lower extremity. The attending provider acknowledged that the applicant had had at least six sessions of physical therapy and six sessions of acupuncture through a prior treating provider. The applicant was status post an epidural steroid injection and a lumbar medial branch block. The applicant was using Norco, Soma, and Dendracin, it was acknowledged. Several of the same medications were refilled. Twelve sessions of physical therapy were sought. The applicant's work status was not furnished. In a July 10, 2014 progress note, the applicant reported ongoing complaints of low back pain radiating to the right lower extremity, ranging from 6-10/10. The applicant was using Norco and Soma for pain relief, it was acknowledged. Twelve sessions of physical therapy were sought on this occasion. The applicant's work status, again, was not provided. In a May 1, 2014 progress note, the attending provider acknowledged that the applicant had received authorization for 12 sessions of physical therapy. Norco and Soma were endorsed on this date. In an earlier evaluation dated May 8, 2013, it was acknowledged that the applicant had failed to return to work owing to ongoing pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar spine, 2 times a week for 6 weeks , QTY: 12 sessions:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98-99.

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 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 further qualifies this recommendation by noting that there must be 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, despite having had at least six prior sessions of physical therapy over the course of the claim. The applicant remains dependent on opioid agents such as Norco, nonopioid agents such as Soma, and topical compounds. All of the foregoing, 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.