

Case Number:	CM14-0173189		
Date Assigned:	10/23/2014	Date of Injury:	04/10/2003
Decision Date:	12/02/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/20/2014

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 shoulder pain reportedly associated with an industrial injury of April 10, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; topical agents; the apparent imposition of permanent work restrictions; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 9, 2014, the claims administrator partially approved a request for eight sessions of physical therapy for the lumbar spine as four sessions of the same. The applicant's attorney subsequently appealed. In an August 18, 2014 progress note, the applicant reported ongoing complaints of low back, mid back, and shoulder pain. It was acknowledged that the applicant was "not currently working." It was stated that physical therapy is pending. The applicant was obese, with a BMI of 35. The applicant was reportedly using Lidoderm and Voltaren, it was noted. On September 15, 2014, the applicant reported 5-8/10 multifocal neck, low back, and shoulder pain. Lidoderm and Voltaren were renewed. The applicant was permanent and stationary, it was noted. Additional physical therapy was sought. On October 13, 2014, it was suggested that the applicant was receiving additional physical therapy as of that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, lumbar spine QTY: 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine/Functional Restoration Approach to Chronic Pain Management Page(s): 99; 8.

Decision rationale: No, the request for 8 sessions of physical therapy for the lumbar spine is not medically necessary, medically appropriate, or indicated here. While the eight-session course of treatment is compatible with 8-10 session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here, this recommendation, however, is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. In this case, however, the applicant is off of work. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit. The applicant remains dependent on a variety of topical agents as well as various forms of corticosteroid injection therapy. All of the foregoing, taken together, suggest 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.