

Case Number:	CM14-0179653		
Date Assigned:	11/04/2014	Date of Injury:	03/12/2013
Decision Date:	12/12/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/29/2014

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 March 12, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy, manipulative therapy, and acupuncture; a 5% whole-person impairment rating; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated September 24, 2014, the claims administrator partially approved a request for eight sessions of physical therapy as four sessions of the same. The claims administrator stated that the applicant had had 14 sessions of physical therapy between April and July 2014. The applicant's attorney subsequently appealed. In a May 7, 2014 permanent and stationary report, it was acknowledged that the applicant had not worked in two months owing to ongoing complaints of low back pain with ancillary complaints of anxiety. Permanent work restrictions were imposed. The applicant was given a 5% whole-person impairment rating. In an applicant questionnaire dated June 6, 2014, the applicant acknowledged that he was not currently working. On a Doctor's First Report (DFR) of the same date, June 6, 2014, the applicant apparently transferred care to a new primary treating provider, reporting ongoing complaints of low back pain, highly variable, with ancillary complaints of neck pain and depression. The applicant was asked to consult a psychologist for his depression and a chronic pain physician for his chronic pain issues. Additional physical therapy was apparently sought. The applicant acknowledged in his questionnaire of June 6, 2014 that he was, in fact, using Norflex, Lodine, Tramadol, Advil, and Motrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2x4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections topic. Functional Restoration Approach to Chronic Pain Management sec. Decision based on Non-MTUS Citation MTUS 9792.20f.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse a general course of 8-10 sessions of treatment for radiculitis, the diagnosis reportedly present here, this recommendation, however, is qualified by commentary on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be 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, despite having had prior treatment (14 sessions, per the claims administrator), already in excess of MTUS parameters. The applicant remains dependent on various Opioid and non-Opioid agents, including Lodine, Tramadol, Motrin, Norflex, etc., despite extensive prior physical therapy. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite completion of at least 14 sessions of physical therapy. Therefore, the request for additional Physical Therapy is not medically necessary.