

Case Number:	CM14-0184443		
Date Assigned:	11/12/2014	Date of Injury:	08/05/2013
Decision Date:	12/30/2014	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/05/2014

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 and lower extremity pain reportedly associated with an industrial injury of August 5, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; reported diagnosis with complex regional pain syndrome of the lower extremities; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated November 12, 2014, the claims administrator failed to approve a request for 12 sessions of physical therapy for the lower extremity. The claims administrator stated that the attending provider has failed to furnish documentation which would support or substantiate the request. Overall rationale was scant. The applicant's attorney subsequently appealed. In an October 23, 2014 progress note, the applicant reported ongoing complaints of low back pain status post recent lumbar sympathetic block. The applicant was using gabapentin, Protonix, Soma, Motrin, and Percocet, it was acknowledged. Multiple medications were refilled. Additional physical therapy was sought. It was stated that the applicant had completed 14 prior sessions of physical therapy. The applicant was placed off of work, on total temporary disability. In an earlier note dated May 9, 2014, the applicant was again placed off of work, on total temporary disability, reporting 7/10 low back pain radiating into left leg. The applicant was using Neurontin, Motrin, Norco, Protonix, and Soma, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2 times a week for 6 weeks for the Lower Extremity as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98, 99 of 127.

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

Decision rationale: The request for additional physical therapy to left lower extremity is not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 24 sessions of treatment for the diagnosis of chronic regional pain syndrome or reflex sympathetic dystrophy of the lower extremities, 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 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 completed 14 recent sessions of physical therapy. The earlier physical therapy failed to curtail the applicant's dependence on various opioid and non-opioid agents, including Norco, Soma, Neurontin, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite completion of at least 14 prior sessions of physical therapy. Therefore, the request for additional Physical Therapy is not medically necessary.