

Case Number:	CM14-0192232		
Date Assigned:	11/25/2014	Date of Injury:	01/18/2012
Decision Date:	01/12/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/17/2014

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 January 18, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; muscle relaxants; opioid therapy; unspecified amounts of physical therapy and acupuncture; various interventional procedures, including trigger point injections, PRP injections, and facet injections; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a Utilization Review Report dated November 3, 2014, the claims administrator partially approved a request for 18 sessions of physical therapy as three sessions of the same. The claims administrator stated that its decision was based on an RFA form received on October 28, 2014. Non-MTUS ODG Guidelines were apparently cited in the body of the UR report. The applicant's attorney subsequently appealed. In an April 2, 2014 progress note, the applicant reported ongoing complaints of low back pain radiating to the left lower extremity, 7/10. The applicant was using Flexeril, lidocaine, Norco, Topamax, Zofran, Prilosec, naproxen, and Neurontin, it was acknowledged. The attending provider acknowledged that the applicant was off of work on "temporary disability." Manual therapy and manipulation were performed in the clinic setting. An ultrasound-guided injection of some kind was performed as well, in the piriformis region. A rather proscriptive 5-pound lifting limitation was endorsed, resulting in the applicant's removal from the workplace, the attending provider acknowledged. On May 22, 2014, the applicant again reported persistent complaints of low back pain radiating to the left leg. The applicant was using Norco, Flexeril, lidocaine, Topamax, Zofran, Prilosec, naproxen, Colace, Neurontin, and Butrans, it was acknowledged. The applicant was off of work, on total temporary disability, it was acknowledged, with a rather proscriptive 5-pound lifting limitation in place, it was stated. On October 28, 2014, the applicant reported persistent complaints of low back pain.

The applicant stated that her last procedure had generated 80% temporary pain relief. The applicant was still using a TENS unit and lidocaine patches. The applicant was using a variety of medications prescribed by another provider, including lovastatin, metformin, tramadol, and a muscle relaxant. It was suggested that the applicant's usage of Norco had been temporarily diminished following the interventional procedure. Acupuncture treatment was performed on this occasion. On October 7, 2014, the applicant again reported persistent complaints of low back pain status post earlier PRP and facet joint injections. The applicant was using Skelaxin, tramadol, and Lidoderm patches, it was acknowledged. Physical therapy and acupuncture were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 to 3 times a weeks, in treatment of the lower back QTY: 18: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG treatment guidelines

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

Decision rationale: The 18-session course of therapy proposed, in and of itself represents treatment well 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 stipulates 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. A rather proscriptive 5-pound lifting limitation remains in place. The applicant remains dependent on various and sundry analgesic and adjuvant medications, including Skelaxin, tramadol, Lidoderm, Butrans, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in the MTUS 9792.20f, despite prior physical therapy in unspecified amounts over the course of the claim. Therefore, the request for additional physical therapy is not medically necessary.