

Case Number:	CM14-0025553		
Date Assigned:	06/16/2014	Date of Injury:	09/28/2011
Decision Date:	07/21/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/28/2014

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 September 28, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar hemilaminectomy and microdiscectomy surgery at L4-L5 and L5-S1; unspecified amounts of physical therapy over the life of the claim, including 12 sessions in 2013-2014, per the claims administrator; aquatic therapy; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report dated February 6, 2014, the claims administrator denied a request for 12 additional sessions of physical therapy. A variety of MTUS and non-MTUS Guidelines were cited, including Chapter 6 ACOEM Guidelines, which the claims administrator including ACOEM Chapter 6, which is no longer part of the MTUS. The claims administrator nevertheless mislabeled the same as originating from the MTUS. The claims administrator stated that the applicant had had 29 sessions of physical therapy over the course of the claim. The applicant's attorney subsequently appealed. A January 22, 2014 progress note was notable for comments that the applicant reported persistent complaints of low back pain radiating to the left leg. The applicant had tenderness and diminished range of motion about the lumbar spine. The applicant was placed off of work, on total temporary disability, until the next appointment. An additional 12 sessions of physical therapy were sought. It was stated that the applicant could consider lumbar diskography to further delineate his complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY (PT) 2X6 WEEKS LUMBAR SPINE: 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 topic Page(s): 99,8.

Decision rationale: The 12-session course of treatment proposed here, 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 issue present here. It is further noted that page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there must be some demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, however, there has been no such demonstration of functional improvement with earlier physical therapy treatment in excess of the guideline. The applicant remains off of work, on total temporary disability, and is now apparently intent on pursuing lumbar diskography, both of which argue against any functional improvement as defined in MTUS 9792.20f despite completion of earlier physical therapy in excess of the guideline. Therefore, the request for additional physical therapy is not medically necessary.