

Case Number:	CM14-0028715		
Date Assigned:	06/23/2014	Date of Injury:	03/21/2003
Decision Date:	08/21/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/06/2014

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 mid and low back pain reportedly associated with an industrial injury of March 21, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; multilevel lumbar rhizotomy procedure; and unspecified amounts of physical therapy over the course of the claim. In a utilization review report dated February 21, 2014, the claims administrator denied a request for 16 sessions of physical therapy, citing non-MTUS Third Edition ACOEM Guidelines. The applicant's attorney subsequently appealed. An October 28, 2013 progress report was notable for comments that the applicant had received recent SI joints injections with some relief. The applicant had no residual focal weakness it was noted and did exhibit 5/5 lower extremity strength, it was suggested. Baclofen and Lexapro were refilled. The applicant's work status was not furnished. On January 27, 2014, the applicant was again asked to continue baclofen, Lexapro, Mobic, and Norco. Persistent complaints of low back and left thigh pain were noted. A 16-session course of physical therapy was sought. The applicant's work status, again, was not provided. No clear goals of further physical therapy were outlined. On November 13, 2013, urine drug testing, Norco, and genetic metabolism testing were endorsed. The applicant's work status, once again, was not furnished.

IMR ISSUES, DECISIONS AND RATIONALES

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

16 VISITS OF PHYSICAL THERAPY TO THE LOW BACK, 2 TIMES A WEEK FOR 8 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The 16-session course of treatment proposed, in and of itself, represents treatment well in the 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 both pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines emphasize active therapy, active modalities, tapering or fading the frequency of treatment over time, and emphasis on self-directed home physical medicine during the chronic pain phase of an injury. The lengthy, formal, 16-session course of physical therapy proposed by the attending provider, thus, runs counter to MTUS parameters and principles. It is further noted that the MTUS Guideline in ACOEM Chapter 3, page 48 further notes that the value of physical therapy increases when the attending provider furnishes a prescription for physical therapy, which clearly communicates treatment goals. In this case, however, no clear treatment goals were provided. The applicant's work and functional status have not been clearly outlined. No rationale for treatment thus far in excess of the MTUS parameters and principles was proffered by the attending provider. Therefore, the request is not medically necessary.