MAXIMUS Federal Services

Case Number:	CM14-0035607		
Date Assigned:	06/23/2014	Date of Injury:	11/20/2011
Decision Date:	08/29/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	03/24/2014

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 neck and low back pain reportedly associated with an industrial injury of November 2, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; and unspecified amounts of physical therapy over the course of the claim.In a Utilization Review Report dated March 20, 2014, the claims administrator denied a request for 12 sessions of physical therapy. The applicant's attorney subsequently appealed.On September 19, 2013, the applicant apparently presented with a primary complaint of chronic low back pain, neck, and mid back pain, 6/10. Tramadol, Tramadol extended release, electrodiagnostic testing, Naprosyn, and Cyclobenzaprine were endorsed. The applicant's work status was not clearly stated, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 3 x 4 to the Cervical/Thoracic/Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines . MTUS 9792.20f.2. MTUS page 99.3. MTUS page 8 Page(s): 99, 8.

Decision rationale: The 12-session course of treatment, in and of itself, represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgia and myositis of various body parts, the operating diagnoses reportedly present here. It is further noted that no clear treatment goals have been proffered by the attending provider. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines states 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, the applicant does not appear to be working with permanent limitations in place. The applicant remains highly reliant and highly dependent on various forms of medications and medical treatment, including Naprosyn, Protonix, Tramadol, Flexeril, etc. All the above, taken together, imply a lack of functional improvement as defined in MTUS, despite completion of earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request for additional physical therapy is not medically necessary.