

Case Number:	CM14-0053654		
Date Assigned:	07/07/2014	Date of Injury:	02/28/2011
Decision Date:	08/15/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/22/2014

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 has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of February 28, 2011. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated March 31, 2014, the claims administrator denied a request for 12 sessions of physical therapy outright. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation; epidural steroid injection therapy and unspecified amounts of physical therapy over the course of the claim. On September 20, 2013, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of low back pain. The applicant was asked to pursue epidural steroid injection therapy. Electrodiagnostic testing was sought. On October 18, 2013, again the applicant was again placed off of work, on total temporary disability, was described as using oral Flector for pain relief. The notes were handwritten, sparse, and difficult to follow. A November 6, 2013, electrodiagnostic testing of the upper and lower extremities was negative. On November 20, 2013, the attending provider sought authorization for a sleep study, 12 sessions of physical therapy, and a mouth guard of some kind for neck and low back pain while the applicant was again placed off of work, on total temporary disability. Multiple progress notes interspersed through 2013 and 2014, including March 17, 2014 were notable for comments that the applicant should remain off of work. On March 17, 2014, 12 additional sessions of physical therapy were again sought through a handwritten progress note, again very difficult to file.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy for the cervical and lumbar spine (2x6 weeks): 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 Page(s): 8, 99.

Decision rationale: The request for 12 sessions of physical therapy is not medically necessary, medically appropriate, or indicated here. The 12-session course of treatment proposed here, 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 myalgias and myositis of various body parts. The issue reportedly present here. It was further noted that page 80 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there must be some demonstration of functional improvement at various milestones of treatment program so as to justify continued treatment. In this case, however, the applicant is off of work, on total temporary disability, despite having completed earlier physical therapy already in excess of the MTUS parameters, implying a lack of functional improvement as defined in MTUS 9792.20f despite earlier physical therapy treatments. Therefore, the request is not medically necessary.