MAXIMUS Federal Services

Case Number:	CM14-0057328		
Date Assigned:	07/09/2014	Date of Injury:	12/07/2004
Decision Date:	09/26/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	04/28/2014

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 December 7, 2004.Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and extensive periods of time off of work. In a Utilization Review Report dated April 17, 2014, the claims administrator denied a request for 12 sessions of physical therapy for the lumbar spine and low back. The applicant's attorney subsequently appealed. In a clinical progress note of November 13, 2013, the applicant was described as having persistent complaints of low back pain radiating to the legs, 6-8/10. The applicant's legs were apparently giving way and locking from time to time, it was stated. The note was handwritten and difficult to follow. Twelve sessions of chiropractic manipulative therapy and physical therapy were sought. The applicant was asked to remain off of work. On April 11, 2014, the applicant reported persistent complaints of low back pain radiating to the legs. The applicant exhibited an antalgic gait. 4/5 left lower extremity strength was noted. The applicant was having difficulty performing sitting, squatting, walking, stair climbing, and lifting activities. Epidural steroid injection therapy was suggested. The applicant's disability status was "unchanged." Topical Lidocaine patches were furnished. The applicant did not appear to be working. On November 11, 2013, 12 sessions of physical therapy were sought for the low back and left knee. The applicant reported heightened complaints of low back pain radiating to the bilateral lower extremities as well as ongoing complaints of knee pain with popping, locking, and associated instability. The attending provider posited that the applicant's allegations of knee pain were a compensable consequence of ambulating with an antalgic gait from her low back injury, it

was stated. A rather proscriptive 10-pound lifting limitation was endorsed. The applicant did not appear to be working with said limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x4 Lumbar and Left Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic Page(s): 99, 8.

Decision rationale: The 12-session course treatment proposed, 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 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, all evidence on file points to the applicant's low back and left knee issues deteriorating over time. The applicant does not appear to be working. A rather proscriptive 10-pound lifting limitation remains in place. The applicant is having difficulty performing even basic activities of daily living such as walking, kneeling, and squatting. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite earlier unspecified amounts of physical therapy over the life of the claim. Therefore, the request is not medically necessary.