

Case Number:	CM14-0066969		
Date Assigned:	07/11/2014	Date of Injury:	06/10/1994
Decision Date:	10/02/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/12/2014

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 June 10, 1994. 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; psychotropic medications; anxiolytic medications; unspecified amounts of physical therapy over the life of the claim; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated April 24, 2014, the claims administrator denied a request for eight sessions of physical therapy, invoking non-MTUS ODG Guidelines in conjunction with MTUS Guidelines. The applicant's attorney subsequently appealed. In an October 22, 2013 psychiatric progress note, the applicant was described as stable on his current psychotropic medication regimen comprising of Prozac and Klonopin. Permanent work restrictions were endorsed. The applicant was described as having history of major depressive disorder and attendant issues with alcohol abuse. On March 3, 2014, the applicant reported persistent complaints of low back, neck, and elbow pain. It was suggested that the applicant could consider removal of earlier lumbar fusion hardware implants at a later point in time if his pain persists. In a January 15, 2014 progress note, the applicant reported persistent complaints of low back, neck, and bilateral upper extremity pain. Additional physical therapy was apparently endorsed. The applicant's permanent work restrictions were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 4 on the Lumbar and/or Sacral Vertebrae: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Compensation, Low Back, Physical Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic Page(s): 98; 8.

Decision rationale: As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In this case, the applicant was/is some 20 years removed from the date of injury as of the date additional physical therapy requested. It was not clearly established why the applicant could not continue to perform self-directed home physical medicine as an extension of the treatment process, as suggested on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines. No rationale for such a lengthy formal course of physical therapy was endorsed at this late stage in the life of the claim. 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 in order to justify continued treatment. In this case, the applicant had apparently had earlier physical therapy in 2014, the attending provider suggested. The fact that the attending provider continued to renew the applicant's permanent work restrictions, seemingly unchanged, from visit to visit, in and of itself, implies a lack of functional improvement as defined in MTUS 9792.20f despite earlier physical therapy in unspecified amounts over the life of the claim. Therefore, the request for eight additional sessions of physical therapy is not medically necessary.