

Case Number:	CM14-0095871		
Date Assigned:	07/25/2014	Date of Injury:	06/11/1999
Decision Date:	09/29/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/24/2014

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 low back pain reportedly associated with an industrial injury of June 11, 1999. 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; trigger point injection therapy; topical agents; an H-wave device; and unspecified amounts of physical therapy over the life of the claim, including nine earlier sessions of physical therapy in 2014, per the claims administrator. On June 16, 2014, the claims administrator denied a request for 12 sessions of physical therapy. The applicant's attorney subsequently appealed. In a January 6, 2014 progress note, the applicant was asked to continue current medications, including Lidoderm patches. The applicant presented with a primary diagnosis of chronic low back pain. The applicant was receiving intermittent epidural injections, it was stated, during flares of pain, and was also using an H-wave device, it was further noted. On July 11, 2014, the applicant reported persistent complaints of pain. The attending provider alluded to an earlier progress note of June 12, 2014, in which he stated that the applicant needed additional therapy. Tenderness and limited range of motion were noted about the lumbar spine with a normal lower extremity motor exam. The applicant was given a dexamethasone-lidocaine local injection in the clinic. The attending provider went on to appeal previously denied physical therapy. Overall, documentation was somewhat sparse. In an early note dated June 12, 2014, the attending provider sought authorization for therapy with anti-inflammatory modalities and therapeutic exercises to the affected area for four weeks. 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 for the Lumbar Spine 12 sessions: 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 topic Page(s): 98-99.

Decision rationale: The 12-session course of treatment purposed, in and of itself, represents treatment in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts. It is further noted that page 98 of the MTUS Chronic Pain Medical Treatment Guidelines recommends continued home therapy as an extension of the treatment process during the chronic pain phase of the claim. It is further noted that pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines further recommend tapering or fading the frequency of treatment over time and emphasizing self directed home physical medicine as an extension of the treatment process during the chronic pain phase of the claim. The request, thus, as written, runs counter to MTUS parameters and principles. All information on file, furthermore, points to the applicant having plateaued in terms of the functional improvement measures established in MTUS 9792.20f despite earlier physical therapy over the life of the claim, including nine treatments earlier in 2014 alone. The applicant's permanent work restrictions remain in place, seemingly unchanged, from visit to visit. The applicant remains dependent on various forms of medical treatment, including medications such as Lidoderm, the H-wave machine, etc. For all of the stated reasons, then, the request is not medically necessary.