

Case Number:	CM14-0178387		
Date Assigned:	10/31/2014	Date of Injury:	05/23/2000
Decision Date:	01/20/2015	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/28/2014

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 May 23, 2000. In a Utilization Review Report dated October 10, 2014, the claims administrator failed to approve request for 10 sessions of physical therapy. The claims administrator incidentally noted that the applicant was status post earlier lumbar fusion surgery in 2002 and as well as a prior lumbar laminectomy surgery. The applicant was permanent and stationary and was not working with permanent limitations in place, the claims administrator posited. The claims administrator posited that its decision was based on a September 18, 2014 progress note. The claims administrator stated that the attending provider has failed to outline any material improvement with prior therapy and/or failed to outline any clear recent worsening or exacerbation in symptoms. In a September 18, 2014 progress note, the applicant reported persistent complaints of chronic low back pain. The attending provider stated that the applicant had had recent exacerbation of low back pain without any recent changes in overall status. Limited lumbar range of motion was with intact sensation and reflexes about the lower extremities. A lumbar MRI was sought. Ten sessions of physical therapy were sought. The attending provider stated that he emphasized the need for active therapy. The applicant was given refills of various and sundry medications, including Norco, Ambien, Lidoderm, Benicar, Wellbutrin, Effexor, and estrogen, it was stated. 8/10 pain was noted. Lumbar MRI imaging was ordered. 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:

10 Physical Therapy Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic, Functional Restoration Approach to Chronic Pain Management section, 979.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse a general course of 8-10 sessions of treatment for radiculitis, the diagnosis reportedly present here, this recommendation, however, is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment and also by commentary made on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that applicants are expected to continue active therapies at home as an extension of the treatment process. Here, it was not clearly outlined why the applicant could not continue active therapies at home as an extension of the treatment process. It was further suggested that the applicant had plateaued with earlier conservative treatment over the course of the claim, including earlier physical therapy in unspecified amounts. Permanent work restrictions were renewed on a September 18, 2014 progress note. Earlier physical therapy had failed to curtail the applicant's dependence on analgesic and adjuvant medications such as Norco, Wellbutrin, Effexor, Lidoderm, Ambien, etc. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for additional physical therapy was not medically necessary.