

Case Number:	CM14-0185841		
Date Assigned:	11/13/2014	Date of Injury:	08/12/2010
Decision Date:	01/02/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/07/2014

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 and myalgias and myositis of various body parts reportedly associated with an industrial injury of August 12, 2010. In a Utilization Review Report dated October 17, 2014, the claims administrator partially approved request for eight sessions of physical therapy to the lumbar spine as three sessions of physical therapy for the same. The non-MTUS 2007 ACOEM Guidelines were invoked in favor of MTUS Guidelines. The applicant's attorney subsequently appealed. In a March 12, 2014 progress note, the applicant reported ongoing complaints of low back pain. A sacroiliac joint injection therapy was proposed. The applicant was placed off of work, on total temporary disability. On September 26, 2014, the applicant again reported ongoing complaints of low back pain, 7/10, reportedly ameliorated following the earlier SI joint injection therapy. The applicant was using Norco and Neurontin for pain relief. Eight additional sessions of physical therapy were endorsed while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight sessions of Physical Therapy to the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 141-142. Decision based on Non-MTUS Citation Official disability Guidelines (ODG) Treatment in Workers Comp 2nd Edition

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

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support 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. Here, however, the applicant is off of work, on total temporary disability, despite having had earlier unspecified amounts of physical therapy over the course of the claim. The applicant remains dependent on medications such as Norco and Neurontin. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite completion of earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request for additional physical therapy is not medically necessary.