

Case Number:	CM14-0186888		
Date Assigned:	11/14/2014	Date of Injury:	07/01/2013
Decision Date:	01/05/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/10/2014

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 and shoulder pain reportedly associated with industrial injury of July 1, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of acupuncture; unspecified amounts of physical therapy; and extension periods of time off of work. In a Utilization Review Report dated October 30, 2014, the claims administrator failed to approve a request for 12 sessions of physical therapy. The applicant's attorney subsequently appealed. In an October 6, 2014, progress note, the applicant reported ongoing complaints of low back pain. The applicant had not worked since June 13, 2014, it was acknowledged. The attending provider acknowledged that physical therapy and acupuncture had generated only fleeting relief in the past. Urine drug testing, 12 sessions of physical therapy, and new lumbar MRI were endorsed, while the applicant was kept 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:

Physical Therapy for the Low Back, Twice Weekly for Six Weeks: Upheld

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

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

Decision rationale: The 12 session course of therapy, 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, the issue reportedly present here. This recommendation is further 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 extensive prior physical therapy over the course of the claim, suggesting a lack of functional improvement as defined in MTUS, despite prior physical therapy treatment. Therefore, the request for additional physical therapy treatment is not medically necessary.