MAXIMUS Federal Services

Case Number:	CM14-0187227		
Date Assigned:	11/17/2014	Date of Injury:	02/02/2009
Decision Date:	01/05/2015	UR Denial Date:	10/07/2014
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 pain with derivative complaints of sleep disturbance, sexual dysfunction, and gastroesophageal reflux disease reportedly associated with an industrial injury of February 2, 2009.Thus far, the applicant has been treated with the following: Analgesic medications; a TENS unit; unspecified amounts of physical therapy over the course of the claim; unspecified amounts of acupuncture over the course of the claim; and opioid therapy.In a September 16, 2014 progress note, the applicant reported 8/10 pain with medications versus 9/10 without medications. The applicant's medication list comprised of Lyrica, Naprosyn, Prilosec, Rozerem, Zanaflex, and Ultram, it was acknowledged. 12 sessions of physical therapy were sought. It was stated that the applicant was not a candidate for any kind of surgical intervention involving the lumbar spine. It was suggested that the applicant had been off of work since May 2013. The applicant was again placed off of work, on total temporary disability, and asked to follow up in two weeks.On September 30, 2014, the applicant once again was placed off of work, on total temporary disability, for an additional two weeks, on the grounds that authorization for physical therapy was pending.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Lumbar 2 x 6 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The 12-session course of physical therapy proposed, in and of itself, represents treatment well in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that there much 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. The applicant continues to report complaints of severe low back pain, in the 7/10 range or greater. The applicant remains dependent on analgesic and adjuvant medications such as Lyrica, Naprosyn, Zanaflex, tramadol, etc., despite having had prior unspecified amounts of physical therapy over the course of the claim. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS, despite earlier physical therapy treatment in unspecified amounts over the course of the claim. Therefore, the request is not medically necessary.