

Case Number:	CM14-0188827		
Date Assigned:	11/19/2014	Date of Injury:	04/20/2013
Decision Date:	02/25/2015	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 April 20, 2013. In a Utilization Review Report dated October 10, 2014, the claims administrator denied a request for unspecified amounts of physical therapy. The claims administrator did reference a June 26, 2014 physical therapy progress note stating that the applicant has had 14 recent sessions of physical therapy at that point in time. The claims administrator then stated, in another section of its note, that the applicant had 18 sessions of manipulative therapy, and 12 office visits at point in time. Non-MTUS 2012 ACOEM Guidelines were invoked in the determination. The applicant's attorney subsequently appealed. In a progress note dated November 20, 2013, it was stated that the applicant was working in a reduced, part-time role, at a rate of 28 hours a week, as of that point in time. In a progress note dated June 19, 2014, difficult to follow, not entirely legible, the applicant was again given work restrictions. The treating provider acknowledged that applicant had 18 sessions of physical therapy, 18 sessions of manipulative therapy, and 12 sessions of acupuncture. Persistent low back pain radiating to the leg was noted. The applicant was using Ultracet for pain relief. Pain management consultation, psychiatric consultation, and laboratory testing were endorsed. The attending provider stated that the applicant was working with left-sided limitations in place, admittedly through usage of preprinted checkboxes.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Physical Medicine Page(s): 8, 98-99.

Decision rationale: The applicant has had prior treatment (at least 18 sessions, per the attending provider) seemingly well in excess of the 9- 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 diagnosis reportedly present here. This recommendation is, however, 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 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 extension of the treatment process. Here, it has not been clearly established why the applicant cannot transition herself to home physical medicine after completion of 18 sessions of physical therapy. There does not, furthermore, appear to be ongoing evidence of functional improvement as defined in MTUS 9792.20f needed to justify continued physical therapy beyond the guideline. Work restrictions remain in place, seemingly unchanged, from visit to visit. The applicant remains dependent on opioid agents such as Ultracet. Therefore, the request for additional physical therapy in unspecified amounts is not medically necessary.