

Case Number:	CM14-0189321		
Date Assigned:	11/20/2014	Date of Injury:	03/25/2014
Decision Date:	01/09/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/13/2014

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 left knee pain reportedly associated with an industrial injury of July 31, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; unspecified amounts of acupuncture; epidural steroid injection therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated October 17, 2014, the claims administrator failed to approve a request for six sessions of physical therapy. Both MTUS and non-MTUS guidelines were invoked. The claims administrator stated that its decision was based on a September 30, 2014 progress note. In a September 30, 2014 progress note, the applicant reported ongoing complaints of low back pain. The applicant had completed 24 sessions of physical therapy, the attending provider suggested. The applicant was using topical compounded medication named Gabapentin, it was acknowledged. A pain management program, epidural steroid injection therapy, additional physical therapy, and acupuncture were sought while the applicant was placed off of work, on total temporary disability. The applicant was not working with limitations in place, the attending provider acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 3 weeks, Low Back: Upheld

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

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

Decision rationale: The applicant has already had prior treatment (24 sessions, per the requesting provider), seemingly 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, however, stipulates 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, implying a lack of functional improvement as defined in MTUS 9792.20f, despite extensive prior physical therapy already in excess of the MTUS parameters. Therefore, the request for Physical Therapy is not medically necessary.