

Case Number:	CM14-0195671		
Date Assigned:	12/03/2014	Date of Injury:	07/10/1996
Decision Date:	01/20/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/21/2014

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 reportedly associated with an industrial injury of July 10, 1996. In a Utilization Review Report dated November 10, 2014, the claims administrator denied a request for 16 sessions of physical therapy. The claims administrator stated that its decision was based on an RFA form dated November 4, 2014 and an associated progress note of September 11, 2014. The claims administrator stated that its decision was based on the MTUS Chronic Pain Medical Treatment Guidelines and ODG Low Back Chapter but did not incorporate either cited guidelines into its rationale. The claims administrator stated that the applicant had undergone recent epidural steroid injection therapy. The claims administrator suggested that the applicant transition to home exercises. In an October 7, 2014 progress note, the applicant reported ongoing complaints of low back pain. The applicant was pending SI joint injections, it was stated. Pain with range of motion was appreciated. SI joint injection therapy was sought while Soma, Norco, Naprosyn, and Dendracin were endorsed. It was suggested that the applicant was treating through future medical care. The applicant's work status was not clearly outlined, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

16 Physical therapy of lumbar spine, 16 visits, frequency and duration not specified, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), www.odg-twc.com; Section: Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Physical Medicine Page(s): 8, 99.

Decision rationale: The 16-session course of treatment proposed, in and of itself, represents treatment well in excess of the general course of 8 to 10 sessions of treatment recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here. No rationale for treatment thus far in excess of MTUS parameters was furnished by the attending provider. It is further noted that this recommendation is qualified by commentary made on page 89 of the MTUS Chronic Pain Medical Treatment Guidelines as well as on page 40 of the ACOEM Practice Guidelines to the effect that there must be demonstration of functional improvement at various milestones in treatment program in order to justify continued treatment and to the effect that it is incumbent upon attending provider to furnish a prescription for physical therapy which "clearly states treatment goals." In this case, it was not clearly stated why the applicant needed treatment so far in excess of MTUS parameters at this late state in the course of the claim, several years removed from the date of injury. The attending provider did not, furthermore, clearly outline functional improvement achieved with earlier treatment. The applicant did not appear to have returned to work. The applicant remained dependent on a variety of oral and topical agents, including Norco, Soma, Naprosyn, and Dendracin, all of which, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f with earlier physical therapy treatment. Therefore, the request for an additional 16 sessions of physical therapy was not medically necessary.