

Case Number:	CM14-0198704		
Date Assigned:	12/09/2014	Date of Injury:	06/11/2013
Decision Date:	02/10/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/26/2014

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] beneficiary who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of June 11, 2013. In a Utilization Review Report dated October 31, 2014, the claims administrator failed to approve a request for physical therapy for the thoracic and lumbar spines. The claims administrator referenced progress notes and RFA forms of October 2, 2014 and October 28, 2014, in its determination. In a March 13, 2014, physical therapy progress note, it was noted that the applicant has had 26 sessions of physical therapy through that point in time. The applicant was not working, it was stated. The applicant was described as "unable to work" secondary to the dysfunction. In an October 6, 2014 progress note, the applicant reported persistent complaints of low back pain, 7/10, half axial and half radicular. The attending provider suggested that the applicant had limitations in place in one section of the note. At the bottom of the report, the attending provider suggested that the applicant would remain off of work, on total temporary disability for an additional three months. 12 sessions of lumbar therapy were sought in one section of the note while the attending provider then stated, a sentence later, that he was seeking 18 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 6 for lumbar and thoracic spine: 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 Page(s): 99; 8.

Decision rationale: 1. No, the request for 12 sessions of physical therapy for the lumbar and thoracic spine is not medically necessary, medically appropriate, or indicated here. The 12-session course of treatment proposed, in and of itself, represents treatment 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. It is further noted that this recommendation is also 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 was/is off of work, on total temporary disability, despite completion of extensive prior physical therapy (at least 26 sessions) already well in excess of MTUS parameters. Therefore, the request for additional physical therapy is not medically necessary.