

Case Number:	CM14-0202026		
Date Assigned:	12/12/2014	Date of Injury:	04/22/2013
Decision Date:	02/03/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/02/2014

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 April 22, 2013. In a Utilization Review Report dated November 11, 2014, the claims administrator partially approved a request for 12 sessions of physical therapy as six sessions of physical therapy. The claims administrator placed MTUS and ODG guidelines at the bottom of the report; however, neither of cited guidelines was incorporated into the report rationale. The claims administrator referenced an October 15, 2014 progress note and incidentally noted that the applicant was status post a November 4, 2013 left shoulder arthroscopy. The applicant's attorney subsequently appealed. On October 15, 2014, the applicant reported persistent complaints of low back and left shoulder pain. The applicant had had at least eight prior sessions of physical therapy through a prior provider for the lumbar spine, it was suggested, at the outset of the claim. The applicant had failed to return to work and remained on total temporary disability, it was acknowledged. Full lumbar range of motion was appreciated on certain planes with limited range of motion on other planes. Normal gait with normal heel and toe ambulation was appreciated. 5/5 lower extremity strength was noted. Additional physical therapy was sought while the applicant was, in effect, placed off of work with a 10- to 30-pound lifting limitation which the applicant's employer was unable to accommodate, the treating provider stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy sessions, three times a week for four weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Low Back)

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

Decision rationale: 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. This recommendation is further 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 fact that the applicant remains off of work and has seemingly formed no plan to return to the same implies a lack of functional improvement as defined in MTUS 9792.20f, despite completion of earlier physical therapy in unspecified amounts over the course of the claim. The MTUS Guideline in ACOEM Chapter 3, page 48, further stipulates that an attending provider should furnish a prescription for physical therapy which "clearly states treatment goals." Here, the request for additional physical therapy was not accompanied by a clear statement of treatment goals, particularly in light of the applicant's seemingly poor response to earlier treatment. Therefore, the request is not medically necessary.