MAXIMUS Federal Services

Case Number:	CM14-0025592		
Date Assigned:	06/13/2014	Date of Injury:	07/15/2008
Decision Date:	01/02/2015	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	02/28/2014

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 15, 2008.In a Utilization Review Report dated February 20, 2014, the claims administrator denied a request for additional 12 sessions of physical therapy for the lumbar spine, stating that the applicant had had 38 prior sessions of physical therapy without appreciable benefits. The claims administrator stated that its decision was based on an order form of February 5, 2014 and an RFA form of February 14, 2014, neither of which were seemingly incorporated into the independent medical review packet. In an August 16, 2013, progress note, the applicant was placed off of work, on total temporary disability several months' status post hip surgery. An additional 12 sessions of physical therapy were sought while the applicant was kept off of work, on medications. In an August 28, 2013, medical-legal evaluation, it was stated the applicant had completed 24 prior sessions of physical therapy following earlier hip arthroscopy in January 2013. The applicant was still using Vicodin for relief and was apparently not working, it was noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two (2) times a week for six (6) weeks for the lower back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99, 8.

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 at various body parts, the issue reportedly present here. As further noted on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, demonstration of functional improvement is necessary 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. The applicant remains dependent on opioids agents such as Vicodin, a historical progress note of August 16, 2013, suggested. All of the foregone, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite extensive prior physical therapy (38 sessions, per the claims administrator and 24 sessions per the medical-legal evaluator) over the course of the claim. While it is acknowledged that the February 5, 2014, progress note, the information which is on file, fails to support or substantiate the request. Therefore, the request is not medically necessary.