

Case Number:	CM15-0002642		
Date Assigned:	01/13/2015	Date of Injury:	03/18/2013
Decision Date:	03/16/2015	UR Denial Date:	12/28/2014
Priority:	Standard	Application Received:	01/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 cumulative trauma at work between the dates March 18, 2013 through May 12, 2014. In a Utilization Review Report dated December 28, 2014, the claims administrator failed to approve a request for 12 sessions of physical therapy for the lumbar spine. The claims administrator referenced progress notes of October 27, 2014, November 26, 2014, and December 8, 2014 in its determination. The claims administrator contended that the applicant was off of work. The applicant's attorney subsequently appealed. In a handwritten note dated September 26, 2014, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of low back pain. Ultracet was renewed. The applicant was asked to stay on total temporary disability. Large portions of the progress note were difficult to follow and not entirely legible. On December 8, 2014, the applicant was again placed off of work, on total temporary disability, while 12 additional sessions of physical therapy were endorsed. Medications were dispensed, including Ultracet. Large portions of the progress note, once again, were difficult to follow and not entirely legible.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 12 sessions to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Physical Therapy

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 physical therapy 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 diagnoses reportedly present here. It is further noted that this recommendation is further qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, the applicant was/is off of work, on total temporary disability. The applicant remains dependent on opioid agents such as Ultracet. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite completion of earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request for additional physical therapy is not medically necessary.