

Case Number:	CM15-0016157		
Date Assigned:	02/04/2015	Date of Injury:	01/11/2014
Decision Date:	04/17/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/28/2015

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, New York, 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 43-year-old [REDACTED] employee who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of January 11, 2014. In a Utilization Review Report dated December 31, 2014, the claims administrator failed to approve a request for nine sessions of physical therapy. The claims administrator referenced a progress note of December 22, 2014 in the determination. The applicant's work and functional status were not clearly detailed by the claims administrator. The claims administrator's UR Report appeared to comprise almost entirely of range of motion measurements, with no mention made of the applicant's work status or response to earlier treatment. The applicant's attorney subsequently appealed. In a December 22, 2014 RFA form, nine sessions of physical therapy were endorsed. On February 2, 2015, the applicant reported persistent complaints of low back pain. The applicant was given a 15-pound lifting limitation. It was not clearly stated whether the applicant was or was not working. In an earlier note dated December 26, 2014, the attending provider renewed the same, unchanged 15-pound lifting limitation. The applicant was using Tylenol No. 4 and Norco for pain relief. The applicant was not working, it was stated. On November 21, 2014, the attending provider again gave the applicant a 15-pound lifting limitation. Once again, it was acknowledged that the applicant was not working owing to ongoing complaints of low back pain radiating to the leg. The applicant was using Tylenol No. 4 for pain relief and stated that bending was problematic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the low back QTY: 9.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: No, the request for nine sessions of physical therapy for the lumbar spine was not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse a general course of 8 to 10 sessions of treatment for radiculitis, the diagnosis reportedly present here, this recommendation is, however, 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, however, the applicant was off of work, on total temporary disability, despite receipt of earlier physical therapy in unspecified amounts over the course of the claim. The applicant remained dependent on opioid agents such as Norco and Tylenol No. 4. The attending provider continued to renew a rather proscriptive 15-pound lifting limitation, seemingly unchanged, from visit to visit. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request for additional physical therapy was not medically necessary.