

Case Number:	CM15-0017273		
Date Assigned:	03/09/2015	Date of Injury:	12/10/2013
Decision Date:	04/13/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/29/2015

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 [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 10, 2013. In a Utilization Review Report dated January 2, 2015, the claims administrator failed to approve a request for a lumbar stabilization program-two visits. The claims administrator referenced RFA forms and progress notes of October and December 2014 in its determination. The applicant's attorney subsequently appealed. In a December 15, 2014 progress note, handwritten, difficult to follow, not entirely legible, the applicant reported ongoing complaints of low back and neck pain. A lumbar stabilization program was endorsed. The applicant was using Lidoderm, Mobic, Flexeril, and Norco. The applicant was given work restrictions, although it was not clearly stated whether the applicant was or was not working with said limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar stabilization program; 2 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Physical therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 8.

Decision rationale: No, the request for a lumbar stabilization program-two visits was not medically necessary, medically appropriate, or indicated here. As 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 handwritten December 15, 2014 progress note was difficult to follow, not entirely legible, did not clearly outline the applicant's response to previous physical therapy treatment/lumbar stabilization treatment. It was not clearly stated whether the applicant had or had not returned to work. Similarly, the MTUS Guideline in ACOEM Chapter 3, page 48 also stipulates that the value of physical therapy increases with a clear description of treatment goals. Here, the attending provider documentation was sparse, thinly developed, handwritten, and did not clearly state or clearly outline treatment goals. Therefore, the request was not medically necessary.