MAXIMUS Federal Services

Case Number:	CM15-0147527		
Date Assigned:	08/10/2015	Date of Injury:	09/12/1997
Decision Date:	09/10/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/29/2015

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 56-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of September 12, 1997. In a Utilization Review report dated July 2, 2015, the claims administrator failed to approve a request for six sessions of physical therapy. The claims administrator referenced an RFA form received on June 26, 2015 in its determination, along with a progress note of June 23, 2015 and an appeal letter of June 3, 2015. The applicant's attorney subsequently appealed. On January 19, 2015, the applicant reported ongoing complaints of low back pain radiating into left leg. The applicant was in the process of pursuing a functional restoration program, it was reported. The applicant was using tizanidine, Protonix, topical diclofenac, and Neurontin, it was reported. The applicant had undergone earlier failed lumbar spine surgery, it was reported. Permanent work restrictions were renewed. The treating provider suggested that the claimant was not working with said permanent limitations in place. On July 20, 2015, the claimant reported ongoing complaints of low back pain. The claimant had completed a functional restoration program. Additional physical therapy was sought for guided instruction purposes. The claimant was on tizanidine, Neurontin, Effexor, Protonix, Tenormin, albuterol, and Pradaxa, it was reported. Permanent work restrictions were renewed. It was again suggested that the claimant 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:

Physical therapy for lumbar spine for 6 treatments: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Functional Restoration Approach to Chronic Pain Management Page(s): 98-99; 8.

Decision rationale: No, the request for six sessions of physical therapy for the lumbar spine is not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 8-10 sessions of treatment for radiculitis, the diagnosis reportedly present here, this recommendation is, however, qualified by commentary made on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that applicants should be instructed in and are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels and also 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 remained off of work, it was acknowledged, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. Permanent work restrictions were renewed on July 20, 2015, seemingly unchanged from previous visits. The claimant remained dependent on a variety of analgesic and adjuvant medications to include Effexor, Neurontin, tizanidine, etc. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. The attending provider did not clearly state why the claimant was incapable of performing home exercises of her own accord, some 17-18 years removed from the date of injury. Therefore, the request is not medically necessary.