MAXIMUS Federal Services

Case Number:	CM15-0163383		
Date Assigned:	08/31/2015	Date of Injury:	08/12/2007
Decision Date:	10/06/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/20/2015

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 53-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 4, 2007. In a Utilization Review report dated July 23, 2015, the claims administrator partially approved a request for 12 sessions of physical therapy for the lumbar spine as three sessions of the same. An epidural steroid injection was approved. The claims administrator approved a pain management consultation to consider epidural steroid injections. The claims administrator referenced a June 29, 2015 progress note in its determination. The applicant's attorney subsequently appealed. A psychiatric medical-legal evaluator seemingly suggested an April 21, 2015 that the applicant was not working owing to both mental and chronic pain issues. In a June 29, 2015 progress note, the applicant reported ongoing complaints of neck and low back pain, reportedly severe. 12 sessions of physical therapy, pain management consultation, and a 40-pound lifting limitation were endorsed. It was not explicitly stated whether the applicant was or was not working as of this date. In a May 11, 2015 progress note, the same, unchanged, 40-pound lifting limitation was renewed. The applicant's medication list was not detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x a week x 6 weeks for the lumbar spine: Upheld

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

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

Decision rationale: No, the request for 12 sessions of physical therapy for the lumbar spine was not medically necessary, medically appropriate, or indicated here. The 12-session course of treatment at issue, in and of itself, represents treatment in excess of the 9- to 10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnosis reportedly present here. The attending provider failed to furnish a clear or compelling rationale for such a lengthy, protracted course of therapy at this late stage in the course of the claim. 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, however, it did not appear that the applicant was working with permanent limitations in place, a medical-legal evaluator suggested on a report dated April 21, 2015. Work restrictions were renewed, seemingly unchanged, on office visits of May 11, 2015 and June 29, 2015. It did not appear that the applicant was working with said limitations in place. It did not appear likely that the applicant would stand to gain from further therapy, going forward in terms of the functional improvements parameters established in MTUS 9792.20e. Clear goals of further therapy in excess of MTUS parameters were not stated. Therefore, the request was not medically necessary.

Physical therapy 2 x a week x 6 weeks for the cervical spine: Upheld

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

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

Decision rationale: Similarly, the request of 12 sessions of physical therapy for the cervical spine was likewise not medically necessary, medically appropriate, or indicated here. The 12-session course of treatment at issue, in and of itself, represents treatment in excess of the 9 to 10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that demonstration of functional improvement is necessary at various milestones in the treatment program to justify continued treatment. Here, the same, unchanged, 40-pound lifting limitation was renewed on office visits of May 11, 2015 and June 29, 2015. It did not appear that the applicant was working with said limitations in place, a medical-legal evaluator suggested on April 21, 2015. All evidence on file, thus, pointed to the applicant's having plateaued in the terms of the functional improvement parameters established in MTUS 9792.20e following receipt of earlier unspecified amounts of physical therapy over the course of the claim. It did not appear likely the applicant would stand to gain from further treatment in excess of the MTUS parameters. Therefore, the request was not medically necessary.