

Case Number:	CM15-0169326		
Date Assigned:	09/10/2015	Date of Injury:	06/03/2013
Decision Date:	10/13/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/27/2015

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 (LBP) reportedly associated with an industrial injury of June 3, 2013. In a Utilization Review report dated July 24, 2015, the claims administrator failed to approve a request for 12 sessions of physical therapy. The claims administrator invoked an RFA form received on July 15, 2015 in its determination, along with an office visit dated June 25, 2015. The applicant's attorney subsequently appealed. On June 25, 2015, the applicant reported 6/10 low back pain complaints. The applicant was asked to pursue extracorporeal shockwave therapy, an additional 12 sessions of physical therapy, an Internal Medicine consultation, lumbar support, a TENS unit, Naprosyn, and topical NSAIDs while seemingly remaining off of work. The attending provider acknowledged, admitted through preprinted checkboxes that the applicant had been off of work for several months. The applicant was given a limitation of "sedentary work only," effectively resulting in the applicant's removal from the workplace. On February 19, 2015, the same, unchanged "sedentary work only" limitation was imposed, resulting in the applicant's removal from the workplace. The applicant was asked to work hardening and physical therapy. The applicant was using a variety of medications and instruments, including a TENS unit, lumbar support, Norco, tramadol, Naprosyn, Protonix, Flexeril, etc.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy 3 times a week for 4 weeks for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Physical Medicine.

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 8- to 10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, i.e., the diagnosis is reportedly present here. 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 in order to justify continued treatment. Here, however, the applicant remained off of work, it was reported on June 25, 2015 office visit on which the additional physical therapy was sought. The applicant's work restrictions on that date were unchanged when contrasted against restrictions imposed on February 19, 2015. The applicant remained dependent on a variety on analgesic medications to include topical NSAIDs, oral Tramadol, Protonix, Naprosyn, Flexeril, etc., it was acknowledged on the June 25, 2015 office visit at issue. All of the foregoing, taken together, suggested that the applicant had in fact plateaued in terms of functional improvement measures established in MTUS 9792.20e, despite receiving earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request for additional physical therapy was not medically necessary.