

Case Number:	CM15-0181539		
Date Assigned:	09/22/2015	Date of Injury:	06/02/2015
Decision Date:	11/03/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/15/2015

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 63-year-old who has filed a claim for mid and low back pain reportedly associated with an industrial injury of June 2, 2015. In an August 20, 2015 Utilization Review report, the claims administrator failed to approve a request for additional physical therapy for the lumbar spine. The claims administrator contended that the applicant had had six sessions of physical therapy to date and also stated that the attending provider had requested eight additional sessions of physical therapy. An August 6, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On a work status report of August 6 2015, the applicant was given a rather proscriptive 15-pound lifting limitation. In an associated progress note of the same date, August 5, 2015, the applicant reported 7 to 8/10 low back pain complaints. It was not clearly stated whether the applicant was or was not working with said 15-pound lifting limitation in place. The results of lumbar MRI imaging performed one day prior were sought. Tramadol, Flexeril, and 6 to 8 additional sessions of physical therapy were proposed. In an earlier note dated July 31, 2015, the applicant was given prescriptions for Relafen, Tylenol, and Norflex. MRI imaging of the lumbar spine was sought. The applicant was given 15-pound lifting limitation on that date. On an earlier note dated July 10, 2015, it was suggested that the applicant was working with the same, unchanged 150-pound lifting limitation in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Low Back Complaints 2004, Section(s): Initial Care.

Decision rationale: No, the request for unspecified amounts of physical therapy for the lumbar spine was not medically necessary, medically appropriate, or indicated here. The applicant had had prior treatment (6 sessions, per the claims administrator) seemingly in excess of the 1-2 session course suggested in the MTUS Guideline in ACOEM Chapter 12, Table 12-5, page 299 for education and counseling, and evaluation of home exercise transition purposes. The MTUS Guideline in ACOEM Chapter 3, page 48 further stipulates that it is incumbent upon an attending provider to furnish a prescription for physical therapy and/or physical methods which "clearly state treatment goals". Here however, clear treatment goals were neither stated nor formulated. The attending provider did not state why additional physical therapy is being sought when it appears, by all accounts, that the applicant had plateaued in terms of functional improvement measures established in MTUS 9792.20e with receipt of at least six prior sessions of physical therapy through the date of the request, August 6, 2015. The same, unchanged 15-pound lifting limitation was renewed on that date, unchanged from prior visits. The applicant remained dependent on a variety of analgesic medications to include tramadol, Flexeril, Norflex, Relafen, etc., it was reported on August 6, 2015 and July 31, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.