

Case Number:	CM15-0188584		
Date Assigned:	09/30/2015	Date of Injury:	11/17/2014
Decision Date:	11/13/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/24/2015

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 34-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 17, 2014. In a Utilization Review report dated August 31, 2015, the claims administrator failed to approve a request for six sessions of physical therapy. The claims administrator did seemingly issue a partial approval of four physical therapy treatments, however. Non-MTUS ODG Guideline were invoked in the determination and, moreover, mislabeled as originating from the MTUS. The claims administrator referenced an August 25, 2015 RFA form and an associated August 13, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said August 13, 2015 office visit, the applicant reported ongoing complaints of low back pain, 4 to 7/10. The applicant was on tramadol, Naprosyn, and Prilosec. The applicant reported derivative complaints of depression, anxiety, and difficulty sleeping. The applicant was asked to pursue additional physical therapy. The applicant had developed dyspepsia with Naprosyn, it was incidentally noted. Relafen, Pamelor, and Prilosec were endorsed while a 20-pound lifting limitation was imposed. It was acknowledged that the applicant had recently received six sessions of physical therapy. It was stated toward the top of the note that the applicant was not working with said 20-pound lifting limitation in place. On an earlier note dated June 4, 2015, it was again acknowledged that the applicant was "not working." The same, unchanged 20-pound lifting limitation, Naprosyn, Pamelor, and Prilosec were all endorsed on this date. Physical therapy and cognitive behavioral therapy were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x6: Upheld

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

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

Decision rationale: No, the request for six sessions of physical therapy was 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 9 to 10 sessions of treatment for myalgias and myositis of various body parts, i.e., the diagnosis reportedly present here, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guideline 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 was off of work, it was reported on both June 4, 2015 and August 13, 2015. The same, rather proscriptive 20-pound lifting limitation was imposed on both dates. The applicant remained dependent on a variety of analgesic and adjuvant medications to include Naprosyn, Relafen, Pamelor, 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, including six recent treatments which had transpired on or around the date of the request, August 13, 2015. Therefore, the request for an additional six sessions of physical therapy was not medically necessary.