MAXIMUS Federal Services

Case Number:	CM15-0193780		
Date Assigned:	10/07/2015	Date of Injury:	11/05/2011
Decision Date:	11/23/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/02/2015

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 55-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 5, 2011. In a Utilization Review report dated September 15, 2015, the claims administrator failed to approve a request for 12 sessions of physical therapy. The claims administrator noted that the applicant had undergone earlier lumbar spine surgery on January 25, 2015. The claims administrator referenced a September 3, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On October 7, 2015, the applicant reported 4/10 low back pain complaints. The applicant is status post earlier lumbar spine surgery on January 27, 2015, the treating provider reported. The applicant was given a rather proscriptive 10-pound lifting limitation, but it was not clear whether the applicant was or was not working with said limitation in place, although this did not appear to be the case. The applicant was described as having completed physical therapy. The applicant was asked to perform home exercises. On September 3, 2015, the applicant was placed off of work, on total temporary disability. 4/10 pain complaints were noted. Tenderness and diminished lumbar range of motion was noted. Diclofenac, tramadol, and Flexeril were renewed while the applicant was kept off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient additional post-operative physical therapy to lumbar 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, Introduction.

Decision rationale: No, the request for 12 sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. The applicant was outside of the six-month postsurgical physical medicine period established in MTUS 9792.24.3 following earlier lumbar spine surgery on January 27, 2015 as of the date of the request, September 3, 2015. The MTUS Chronic Pain Medical Treatment Guidelines were therefore applicable. The 12-session course of treatment at issue, however, in and of itself, represented 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 reportedly present here. This recommendation is, however, 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 the various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was placed off of work, on total temporary disability, on September 3, 2015, and by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 48 to the effect that it is incumbent upon an attending provider to furnish a prescription for physical therapy and/or physical methods which "clearly states treatment goals." Here, however, the September 3, 2015 office visit was thinly and sparsely developed. Clear treatment goals were neither stated nor formulated. The fact that the applicant remained off of work, on total temporary disability, on that date, coupled with the fact that the applicant remained dependent on opioid agents such as tramadol over seven months removed from the date of surgery, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of physical therapy through the date of the request. Therefore, the request for an additional 12 sessions of physical therapy was not medically necessary.