

Case Number:	CM15-0200070		
Date Assigned:	10/15/2015	Date of Injury:	08/24/1998
Decision Date:	12/04/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/12/2015

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 August 24, 1998. In a Utilization Review report dated September 23, 2015, the claims administrator failed to approve a request for 12 sessions of physical therapy. The claims administrator referenced a September 8, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said September 8, 2015 office visit, the applicant reported ongoing complaints of low back pain radiating to the lower extremities. The applicant has erectile dysfunction and failed to respond favorably to Viagra, the treating provider reported. The applicant was obese, with a BMI of 32, it was reported. The applicant was returned to work without restrictions. The applicant's medication list included tramadol, Seroquel, Reglan, Inderal, Phenergan, Prevacid, Ativan, Imitrex, Flexeril, and Naprosyn, the treating provider reported. The attending provider then stated, somewhat incongruously, that the applicant had crippling back pain suggestive of severe disability. The attending provider suggested that the applicant had fallen. The attending provider suggested that the applicant would likely need repeat MRI imaging and/or a spine surgery evaluation. Additional physical therapy was nevertheless sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, twice a week for six weeks, for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation, Online Edition, 2015, Chapter: Low Back- Lumbar & Thoracic (Acute & Chronic), Physical Therapy.

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

Decision rationale: No, the request for an additional eight sessions of the physical therapy for the lumbar spine was not medically necessary, medically appropriate, or indicated here. While 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of eight to 10 sessions of treatment 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 various milestones in the treatment program in order to justify continued treatment and by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 48 to the effect that value of physical therapy increases with the prescription for same, which "clearly states treatment goals." Here, however, the applicant was described as having "crippling back pain" on the September 8, 2015 office visit at issue. The applicant was having issues with falling. The applicant was reportedly considering a surgical intervention, the treating provider suggested. The applicant remained dependent on a variety of analgesic and adjuvant medications to include Elavil, Flexeril, Naprosyn, 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 claim. It did not appear likely that the applicant would stand to gain from further treatment, going forward. Clear treatment goals were neither stated nor formulated. It was not clearly stated how the applicant could stand to gain from further physical therapy over 15 years removed from the date of the injury as of the date of the request. Therefore, the request was not medically necessary.