

Case Number:	CM15-0201030		
Date Assigned:	10/16/2015	Date of Injury:	05/18/2014
Decision Date:	12/04/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/13/2015

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 27-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 18, 2014. In a Utilization Review report dated September 15, 2015, the claims administrator partially approved a request for 12 sessions of physical therapy as 10 sessions of the same. The claims administrator referenced an RFA form received on September 1, 2015 in its determination. The applicant's attorney subsequently appealed. On May 12, 2015, the applicant reported 8/10 pain with medications versus 10/10 without medications. The applicant was on Flexeril, Lidoderm patches, Motrin, Naprosyn, and Norco, the treating provider reported. Low back pain radiating to bilateral upper extremities was present, the treating provider suggested. The applicant was placed off of work, on total temporary disability. On June 9, 2015, the applicant was, once again, placed off of work, on total temporary disability, owing to ongoing complaints of low back pain radiating to the lower extremities. On an RFA form dated September 1, 2015, 12 sessions of physical therapy were sought. On an associated progress note of the same date, September 1, 2015, the applicant reported ongoing complaints of low back pain radiating to lower extremities, highly variable, 6-9/10. Sharp and shooting pain complaints were reported. Physical therapy, acupuncture, and massage therapy were seemingly endorsed. The applicant's work status was not explicitly stated, although it did not appear that the applicant was working. On April 14, 2015, it was acknowledged that the applicant had received physical therapy and trigger point injections. The applicant was again placed off of work, on total temporary disability, while Norco, Motrin, Flexeril, acupuncture, and massage therapy were all endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar area 3 times a week for 4 weeks: Upheld

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

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, 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 further 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. Here, however, the applicant remained off of work, on total temporary disability, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. The applicant dependent on opioid agents such as Norco, the treating provider acknowledged, as well as other modalities to include acupuncture, massage therapy, and trigger point injection therapy. 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. Therefore, the request for additional physical therapy was not medically necessary.