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| Case Number: | CM15-0204292 | | |
| Date Assigned: | 10/21/2015 | Date of Injury: | 08/25/2006 |
| Decision Date: | 12/08/2015 | UR Denial Date: | 09/26/2015 |
| Priority: | Standard | Application Received: | 10/19/2015 |

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 25, 2006. In a Utilization Review report dated September 26, 2015, the claims administrator failed to approve a request for 24 sessions of physical therapy for the lumbar spine. The claims administrator referenced a July 14, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On an undated RFA form, 24 sessions of physical therapy were sought. On an attached progress note dated September 14, 2015, the applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities. The applicant was using Norco for pain relief. The applicant had received recent lumbar epidural steroid injection in late May 2015, it was reported. The applicant was drinking alcohol periodically, the treating provider acknowledged, apparently at times in conjunction with opioids. Additional physical therapy was sought. The applicant had undergone an earlier failed lumbar laminectomy surgery, it was reported. The applicant was also using Flexeril, suggested in another section of the note. The applicant's works status was not explicitly detailed. A physical therapy progress note dated August 25, 2015 suggested in one section of the note that the applicant had found alternate work, while other section of the note stated the applicant was "not working" and had been off of work since October 2006.

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 spine, 2 times a week for 12 weeks, quantity: 24 sessions:
Upheld

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

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 24 sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. The 24-session course of treatment at issue, in and of itself, represented treatment in excess of the 8- to- 10-session course suggested on the 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 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 the for same, which "clearly states treatment goals." Here, however, a physical therapy progress note dated October 25, 2015 suggested that the applicant was not working and had not worked in several years. The applicant remained dependent on opioid agents such as Norco, the treating provider acknowledged. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier physical therapy in unspecified amounts to the date of the request. Clear goals of further treatment, going forward, were not clearly stated or articulated. It was not stated how (or if) the applicant would stand to gain from further treatment, going forward. Therefore, the request was not medically necessary.