

Case Number:	CM15-0205218		
Date Assigned:	10/22/2015	Date of Injury:	09/12/2011
Decision Date:	12/08/2015	UR Denial Date:	09/19/2015
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] who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of September 12, 2011. In a Utilization Review report dated September 19, 2015, the claims administrator failed to approve a request for 10 sessions of physical therapy. A September 9, 2015 office visit and September 11, 2015 RFA form were referenced in the determination. The applicant's attorney subsequently appealed. On August 20, 2015, the applicant reported ongoing complaints of neck, shoulder, arm, hand, leg, foot, mid back, and low back pain. The applicant was placed off of work, on total temporary disability. The applicant was unable to walk more than 2 blocks secondary to her pain complaints. The applicant was avoiding doing yard work, performing household chores, and/or going to work secondary to her pain complaints. A TENS unit was sought, along with the physical therapy at issue. The applicant's medication list was not seemingly detailed on this occasion. On December 18, 2014, the applicant was given prescriptions for naproxen, tramadol, and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 physical therapy sessions (two times a week for five weeks) for the lumbar spine: 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 10 additional 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 9-10 sessions of treatment for myalgias and myositis of various body parts, i.e., the diagnoses 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. Here, however, the applicant was placed off of work, on total temporary disability, on August 20, 2015. Activities of daily living as basic as walking more than 2 blocks, doing household chores, doing yard work, etc., remained problematic, the treating provider reported. The applicant was still dependent on a variety of analgesic medications to include naproxen, tramadol, Flexeril, 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. Therefore, the request for an additional 10 sessions of physical therapy was not medically necessary.