

Case Number:	CM15-0208761		
Date Assigned:	10/27/2015	Date of Injury:	03/10/2004
Decision Date:	12/14/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/23/2015

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 March 10, 2004. In a Utilization Review report dated September 29, 2015, the claims administrator failed to approve a request for 12 sessions of physical therapy. The claims administrator referenced a September 11, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said September 11, 2015 office visit, the applicant reported ongoing complaints and issues with chronic low back pain. The applicant's medications include Norco, MSContin, Lyrica, Naprosyn, Prilosec, it was reported. The applicant was reportedly working as a food manager, stated towards the top of the note. 4/5 left lower extremity motor function was appreciated versus 5/5 about the right lower extremity. The applicant had undergone earlier IDET procedure, the treating provider reported, on two prior epidural steroid injections, the treating provider. Trigger point injections was performed on this date. Updated lumbar MRI imaging, Norco, MS Contin, Neurontin, Naprosyn, and Prilosec were endorsed. 12 sessions of physical therapy were 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 Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): 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 9-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 98 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that applicant should be instructed and/or are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Here, the applicant had already returned to regular work as a food manager, the treating provider reported on the September 11, 2015 office visit at issue. It was not clearly stated why the applicant could not likewise transition to self-directed, home-based physical medicine without the lengthy formal course of treatment in question. Therefore, the request was not medically necessary.