

Case Number:	CM15-0026679		
Date Assigned:	02/19/2015	Date of Injury:	08/02/2012
Decision Date:	04/21/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/12/2015

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 reportedly associated with an industrial injury of July 31, 2012. In a Utilization Review Report dated February 2, 2015, the claims administrator failed to approve a request for 12 sessions of physical therapy. An RFA form dated January 26, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On September 4, 2014, the applicant reported ongoing complaints of neck and low back pain, 6 to 7/10. The applicant was using five Norco a day. The applicant was also using Naprosyn, Protonix, tramadol and Flexeril, it was further noted. The applicant was apparently not working following imposition of permanent work restrictions, the treating provider acknowledged. On January 3, 2015, Naprosyn, Protonix, tramadol, and epidural steroid injection were endorsed. The applicant was also using TENS units. Permanent work restrictions imposed by medical-legal evaluator were renewed. The additional physical therapy at issue was endorsed on January 26, 2015, and on January 3, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical therapy sessions for the lumbar and cervical spine 3 times a week for 4 weeks:
 Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; Page(s): 8; 99.

Decision rationale: No, the request for 12 additional sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. The 12-session course of treatment at issue, in and of itself, represents treatment in excess of the 9-to-10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, for myalgias and myositis of various body parts, the diagnosis reportedly present here. It is further noted that this recommendation is 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 off of work following imposition of permanent work restrictions by an Agreed Medical Evaluator (AME). The applicant remained dependent on opioids agents such as Norco and tramadol. Permanent work restrictions were renewed, seemingly unchanged, from visit to visit. All of the foregoing, taken together, suggests that a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier physical therapy in unspecified amounts of course of the claim. Therefore, the request for additional physical therapy was not medically necessary.