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| Case Number: | CM15-0028272 | | |
| Date Assigned: | 02/20/2015 | Date of Injury: | 03/06/2011 |
| Decision Date: | 04/06/2015 | UR Denial Date: | 01/14/2015 |
| Priority: | Standard | Application Received: | 02/13/2015 |

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 [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 6, 2011. In a utilization review report dated January 14, 2015, the claims administrator failed to approve eight sessions of physical therapy ordered on or around December 26, 2014 and also failed to approve an intramuscular injection of Depo-Medrol and Marcaine administered on December 26, 2014. The applicant's attorney subsequently appealed. On September 30, 2014, the applicant was described as 70-80% improved following an earlier lumbar epidural steroid injection. The applicant was apparently asked to follow up on a p.r.n. basis at that point in time. In a progress note dated February 3, 2015, the applicant reported a flare of low back and shoulder pain. The applicant was described as having received a cortisone injection in December 2014. The applicant received an intramuscular injection of Depo-Medrol and Marcaine. The applicant exhibited a normal gait. The applicant was described as exhibiting both myofascial lumbar spine pain complaints and radicular pain complaints. The applicant's work status was not furnished. Shoulder MRI imaging was proposed. In a December 26, 2014 office visit, the applicant reported ongoing complaints of low back pain. The applicant received an intramuscular injection in the left lumbar paraspinal musculature. Eight sessions of physical therapy were performed. The applicant did exhibit a normal gait. The applicant was seemingly returned to regular-duty work on this occasion. There was no mention of the applicant's having any radicular pain complaints on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Additional physical therapy 2x4 for the lumbar spine, provided on date of service: 12/26/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: 1. No, the request for eight sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants are expected to continue active therapies at home as an extension of the treatment process. Here, the applicant was described as exhibiting a normal gait, well-preserved musculoskeletal function, well-preserved neurological function, etc., on or around the date in question. It was not clearly stated why the applicant could not transition to self-directed home physical medicine on or around the date in question, just as the applicant had seemingly returned to regular-duty work. Therefore, the request for eight additional sessions of physical therapy at this late stage in the course of the claim, some 3-1/2 to 4 years removed from the date of injury, was not indicated. Therefore, the request was not medically necessary.

Retrospective request for Intramuscular injection of 80mg Depo-Medrol and Marcaine performed on the left lumbar paraspinous, provided on date of service: 12/26/14: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49.

Decision rationale: 1. No, the request for eight sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants are expected to continue active therapies at home as an extension of the treatment process. Here, the applicant was described as exhibiting a normal gait, well-preserved musculoskeletal function, well-preserved neurological function, etc., on or around the date in question. It was not clearly stated why the applicant could not transition to self-directed home physical medicine on or around the date in question, just as the applicant had seemingly returned to regular-duty work. Therefore, the request for eight additional sessions of physical therapy at this late stage in the course of the claim, some 3-1/2 to 4 years removed from the date of injury, was not indicated. Therefore, the request was not medically necessary.

