

Case Number:	CM15-0212015		
Date Assigned:	10/30/2015	Date of Injury:	10/06/1994
Decision Date:	12/18/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/27/2015

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 69-year-old who has filed a claim for chronic mid and low back pain (LBP) reportedly associated with an industrial injury of October 6, 1994. In a Utilization Review report dated October 2, 2015, the claims administrator failed to approve a request for six sessions of physical therapy for the thoracic and lumbar spine. The claims administrator referenced a September 25, 2015 office visit in its determination. On a September 26, 2015 RFA form, six sessions of physical therapy were sought for a stated diagnosis of post laminectomy syndrome. On an associated progress note of September 25, 2015, Xanax and Lidoderm patches were endorsed. The applicant had undergone earlier failed lumbar spine surgery, it was reported. The applicant had received 14 sessions of physical therapy in October 2014, it was acknowledged. The applicant had undergone earlier spine surgery in 1996, it was reported. The applicant's complete medication list, per another section of the note, reportedly included Avalide, Toprol, Protonix, Synthroid, Norco, and Xanax, the treating provider reported. The applicant's work status was not clearly detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical therapy treatments (Thoracic and 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 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 six sessions of physical therapy for the thoracic and lumbar spine 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 8 to 10 sessions of treatment for radiculitis, i.e., the diagnosis 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, by commentary made on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that applicants should be instructed in and are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels, and by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 48 to the effect that the value of physical therapy increases with a prescription for the same, which clearly states treatment goals. Here, the applicant's work status was not clearly reported on September 25, 2015, suggesting that the applicant was not, in fact, working. The applicant was dependent on a variety of opioid and non-opioid agents to include Norco, Xanax, topical lidocaine, etc., it was reported on that date. All of the foregoing, taken together, suggested that the applicant had, in fact, plateaued in terms of functional improvement measures established in MTUS 9792.20e, despite receipt of 14 prior sessions of physical therapy in 2014 alone, per the attending provider's September 25, 2015 office visit. It was not clearly stated how (or if) the applicant could stand to gain from further treatment, going forward. Clear goals for further therapy, going forward, were not clearly stated or articulated on September 25, 2015. It was not stated why the applicant could not perform independent, self-directed home-based physical medicine of his own accord without further formal therapist oversight. Therefore, the request was not medically necessary.