

Case Number:	CM15-0219351		
Date Assigned:	11/12/2015	Date of Injury:	08/06/2013
Decision Date:	12/30/2015	UR Denial Date:	11/05/2015
Priority:	Standard	Application Received:	11/08/2015

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 58-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 16, 2013. In a Utilization Review report dated November 12, 2015, the claims administrator failed to approve a request for 8 sessions of physical therapy. The claims administrator referenced an October 26, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On an applicant questionnaire dated October 26, 2015, the applicant stated that she was worsened, noting that standing and walking remained problematic. Lower extremity paresthesias were reported. On an associated progress note dated October 26, 2015, it was stated that the applicant was not improved significantly. Motrin, Norco, and Flexeril were seemingly endorsed. The treating provider acknowledged that the applicant would remain off of work for an additional 6 weeks if modified duty remained unavailable to her. Eight additional sessions of physical therapy were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy evaluation and treatment 2 times a week for 4 weeks (lumbar): 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 8 sessions of physical therapy for the 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 8-10 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 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, however, clear treatment goals were neither stated nor formulated on the October 26, 2015 office visit at issue. The applicant was placed off of work, on total temporary disability, on that date. The applicant remained dependent on opioid agents such as Norco, the treating provider acknowledged. The applicant was not significantly improved, the treating provider reported. Per the applicant's own self-report on a questionnaire of October 26, 2015, she perceived herself to be worsened, noting that activities of daily living as basic as standing and walking remained problematic. 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 through the date of the request. It did not appear likely that the applicant could stand to gain from further treatment, going forward. Therefore, the request was not medically necessary.