

Case Number:	CM15-0032972		
Date Assigned:	02/26/2015	Date of Injury:	09/28/2005
Decision Date:	04/08/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/23/2015

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] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 28, 2005. In a Utilization Review Report dated January 21, 2015, the claims administrator failed to approve requests for "indefinite" physical therapy and occupational therapy throughout the duration of the claim. The claims administrator stated that the applicant was not working, had undergone multiple failed epidural steroid injections, had been diagnosed with complex regional pain syndrome (CRPS), and had undergone a failed spinal cord stimulator implantation. It was also suggested that the applicant had been admitted on November 7, 2014 for alleged intractable low back pain. An RFA form dated December 24, 2014 was referenced in the determination. The applicant's attorney subsequently appealed. In a neurosurgical consultation dated November 18, 2014, the applicant was using methadone, baclofen, and Desyrel for pain relief. The applicant had received extensive physical therapy and epidural steroid injection therapy approximately every three months, the neurosurgeon noted. The neurosurgeon stated that he would not recommend any surgical intervention, given the reported paucity of findings on lumbar MRI imaging. Physical and occupational therapy were apparently endorsed on several occasions, including via a faxed RFA form dated February 24, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 1 to 3 times a week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

Decision rationale: No, the request for physical therapy one to three times a week for three weeks was not medically necessary, medically appropriate, or indicated here. As reported both by the claims administrator and the applicant's neurosurgeon, the applicant has had extensive prior physical therapy over the course of the claim. As noted on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was/is off of work. The applicant remains dependent on opioid agents such as methadone. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for additional physical therapy was not medically necessary.

Occupational Therapy, 1 to 3 times a week, indefinite: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

Decision rationale: Similarly, the request for "indefinite" occupational therapy once or twice weekly was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, the request for open ended, "indefinite" occupational therapy, thus, runs counter to MTUS principles and parameters as it did not contain a proviso to reevaluate the applicant in the midst of treatment so as to ensure a favorable response to the same before moving forward with further treatment. Therefore, the request was not medically necessary.

Physical Therapy, 1 to 3 times a week, indefinite: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

Decision rationale: Finally, the request for "indefinite" physical therapy was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, the request for open ended, "indefinite" treatment, by implication, runs counter to MTUS principles and parameters as it did not contain a proviso to reevaluate the applicant in the midst of treatment so as to ensure a favorable response to the same before moving forward with further therapy. Therefore, the request was not medically necessary.