MAXIMUS Federal Services

Case Number:	CM15-0033975		
Date Assigned:	02/27/2015	Date of Injury:	06/16/2011
Decision Date:	04/13/2015	UR Denial Date:	01/27/2015
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 58-year-old [redacted] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 16, 2011. In a Utilization Review Report dated January 20, 2015, the claims administrator failed to approve a request for 10 sessions of physical therapy. A December 29, 2014 progress note was referenced in the determination. The claims administrator suggested that the applicant was off of work as of the date of the request and implied that the applicant has failed to profit from earlier treatment. The applicant's attorney subsequently appealed. On February 9, 2015, the applicant reported persistent complaints of low back pain, exacerbated by sitting, standing, and walking. 7-8/10 pain complaints were noted. The applicant had both axial and radicular pain complaints. The applicant was placed off of work, on total temporary disability. The attending provider renewed tramadol, Naprosyn, Prilosec, Neurontin, and a topical compounded medication. The attending provider stated that he was appealing the previously denied 10 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy, twice weekly for 5 weeks, low back, per 12/29/14 exam note Qty 10.00: 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 10 sessions of physical therapy 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, 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. Here, however, the applicant has failed to demonstrate a favorable response to other treatment. The applicant was/is off of work, on total temporary disability, despite receipt of earlier physical therapy in unspecified amounts over the course of the claim. The applicant remains dependent on various and sundry analgesic medications, including tramadol and topical compounds. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20, despite receipt of earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for an additional 10 sessions of physical therapy was not medically necessary.