MAXIMUS Federal Services

Case Number:	CM15-0044988		
Date Assigned:	03/16/2015	Date of Injury:	04/12/2008
Decision Date:	04/22/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/09/2015

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 71-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 12, 2008. In a Utilization Review Report dated February 19, 2015, the claims administrator failed to approve a request for unspecified amounts of physical therapy for the lumbar spine. The claims administrator did not state which progress note the said decision was based upon. The claims administrator stated that the applicant had undergone earlier lumbar spine surgery in August 2008. No guidelines were incorporated into the rationale. The applicant's attorney subsequently appealed. On June 25, 2014, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of low back pain. Motrin was endorsed. The applicant remained off of work, on total temporary disability; it was suggested on several progress notes of mid and late 2014. On January 9, 2015, additional physical therapy and Motrin were endorsed while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 8.

Decision rationale: No, the request for unspecified amounts of physical therapy for the lumbar spine was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 3, page 48, it is incumbent upon the treating provider to furnish a prescription for physical therapy, which clearly states treatment goals. Here, the request for open-ended physical therapy in unspecified amounts, by definition, did not clearly state treatment goals. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was off of work, on total temporary disability, as of the date of the request, suggesting a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request for additional physical therapy was not medically necessary.