

Case Number:	CM15-0052809		
Date Assigned:	03/26/2015	Date of Injury:	09/24/2007
Decision Date:	05/01/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/19/2015

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 52-year-old who has filed a claim for chronic low back and neck pain reportedly associated with an industrial injury of September 24, 2007. In a Utilization Review report dated March 2, 2015, the claims administrator failed to approve a request for 12 sessions of physical therapy for the lumbar spine. The claims administrator referenced a January 13, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On January 13, 2015, the applicant reported ongoing complaints of neck and low back pain. 12 additional sessions of physical therapy, a new MRI of the lumbar spine, and additional injections were endorsed. The applicant's work status was not clearly detailed. The applicant was asked to continue her current work status, which was not explicitly stated anywhere in the body of the report. The attending provider acknowledged that the applicant had had 15 recent treatments of physical therapy. The applicant's medications included Wellbutrin, Flexeril, Flonase, Naprosyn, Prilosec, Topamax, and tramadol, it was acknowledged. The applicant had superimposed issues with depression and hypothyroidism, it was further noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x week x 6 weeks lumbar spine: Upheld

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

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

Decision rationale: No, the request for 12 additional sessions of physical therapy for the lumbar spine was not medically necessary, medically appropriate, or indicated here. The attending provider acknowledged on his January 13, 2015 progress note that the applicant had had 15 recent sessions of treatment, i.e., in excess of the 9-10 session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts, the diagnosis reportedly present here. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was no longer working, it was suggested (but not clearly stated) on January 2015. The applicant's permanent work restrictions were seemingly unchanged on that date. The applicant remained dependent on opioid agents such as tramadol, it was further noted. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of recent physical therapy treatment already in excess of the MTUS parameters. Therefore, the request was not medically necessary.