

Case Number:	CM15-0060000		
Date Assigned:	04/06/2015	Date of Injury:	05/22/2014
Decision Date:	05/06/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/30/2015

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 43-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 26, 2014. In a Utilization Review report dated March 3, 2015, the claims administrator failed to approve a request for eight sessions of physical therapy. A RFA form dated February 20, 2015 and associated progress note dated February 12, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On February 6, 2015, the applicant received multiple trigger point injections to the lumbar region. The applicant's work status was not furnished. In a progress note dated February 12, 2015, the applicant reported ongoing complaints of low back pain. Eight sessions of physical therapy, tizanidine, tramadol, and Colace were endorsed. The applicant's work status, once again, was not clearly detailed. On March 10, 2015, tizanidine, naproxen, and Colace were endorsed. The applicant was asked to discontinue tramadol owing to side effects of nausea. Once again, the applicant's work status was not furnished. On January 15, 2015, naproxen, tizanidine, and an unspecified topical compounded medication were endorsed. Once again, the applicant's work status was not stated. It was acknowledged that the applicant had 12 recent sessions of physical therapy. The attending provider went on to seek authorization for eight additional physical therapy treatments. The applicant reported difficulty performing activities of daily living as basic as standing, sitting, walking, and/or negotiating stairs. The applicant had superimposed issues with fibromyalgia. Once again, the applicant's work status was not furnished, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the Lumbar Region, twice a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: No, the request for eight sessions of physical therapy for the lumbar spine was not medically necessary, medically appropriate, or indicated here. The applicant seemingly had treatment in early 2015 alone (12 sessions, per the treating provider) seemingly in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further qualifies this recommendation by noting 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 seemingly off of work, it was suggested (but not clearly stated) on several progress notes, referenced above. The applicant remained dependent on trigger point injections and various analgesics such as tizanidine, tramadol, topical compounded medications, etc. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier physical therapy in 2015 alone already in excess of MTUS parameters. No clear goals for additional physical therapy were proffered by the attending provider in the face of the applicant's failure to progress with earlier treatment. Therefore, the request was not medically necessary.