

Case Number:	CM14-0009853		
Date Assigned:	02/21/2014	Date of Injury:	08/23/2012
Decision Date:	09/05/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/27/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 August 23, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical compounded medication; muscle relaxants; and 56 sessions of physical therapy, per the claims administrator. In a Utilization Review Report dated January 15, 2014, the claims administrator denied a request for 12 sessions of physical therapy for the lumbar spine, citing both MTUS and non-MTUS Guidelines. The applicant's attorney subsequently appealed. In a February 12, 2014 progress note, the applicant presented with persistent complaints of low back pain. It was suggested that the applicant was working modified duty, despite ongoing complaints of 3-4/10 low back pain. The applicant was using Prilosec, Flexeril, Tramadol, Xanax, Naprosyn, and various topical compounded creams. The applicant had reportedly had an essentially negative lumbar MRI of September 28, 2012. Sacroiliac joint injection therapy was sought. In an applicant questionnaire dated March 19, 2014, the applicant stated that he was working on a full-time basis with work restriction. The applicant himself acknowledged that he had had over 55 sessions of physical therapy over the course of the claim.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES A WEEK FOR 6 WEEKS FOR THE LUMBAR SPINE:
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 Physical Medicine topic Page(s): 98-99.

Decision rationale: The 12-session course of treatment, in and of itself, represents treatment in excess of the 9- to 10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the issue reportedly present here. In this case, it is further noted that the applicant has reportedly had extensive prior treatment over the life of the claim "over 55 sessions, by self-report." The applicant has returned to work on a full-time basis. Pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines further emphasize active therapy, active modalities, and self-directed home physical medicine as lieu of the lengthy formal course of physical therapy proposed by the attending provider. The request, as written, then, runs counter to MTUS principles and parameters. Therefore, the request is not medically necessary.