

Case Number:	CM14-0144877		
Date Assigned:	09/12/2014	Date of Injury:	03/14/2014
Decision Date:	10/24/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/08/2014

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 March 14, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; 59 sessions of physical therapy over the course of the claim, per the claims administrator; unspecified amounts of manipulative therapy; anxiolytic medications; and epidural injections. In a Utilization Review Report dated August 12, 2014, the claims administrator denied a request for 24 additional sessions of physical therapy. The claims administrator stated that the applicant had had 19 sessions of physical therapy in 2014 alone and 40 sessions of physical therapy in 2013. The claims administrator did not state whether the applicant was working or not. Electrodiagnostic testing of the bilateral lower extremities of August 26, 2014 was interpreted as negative. In a handwritten work status report dated June 17, 2014, the applicant was placed off of work, on total temporary disability, through August 14, 2014. In an earlier work status report dated May 8, 2014, difficult to follow, not entirely legible, the applicant was again placed off of work through June 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 Additional PT Visits for Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99 8.

Decision rationale: The 24-session course of treatment proposed, in and of itself, represents treatment in excess of the 9 to 10 session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the issue reportedly present here. No rationale for treatment this far in excess of MTUS parameters was proffered by the attending provider. It is further noted that page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify further treatment. In this case, however, the applicant is off of work, on total temporary disability, suggesting a lack of functional improvement as defined in MTUS 9792.20f, despite earlier treatment (59 sessions) already well in excess of MTUS parameters. Therefore, the request for 24 additional sessions of physical therapy is not medically necessary.