

Case Number:	CM14-0029708		
Date Assigned:	04/09/2014	Date of Injury:	01/30/2007
Decision Date:	08/29/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/28/2014

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, has a subspecialty in Preventive 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 mid and low back pain reportedly associated with an industrial injury of January 30, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier spine surgery; subsequent implantation of an intrathecal pump; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated January 17, 2014, the claims administrator denied a request for 12 sessions of physical therapy. The applicant's attorney subsequently appealed. On May 20, 2013, the applicant presented to obtain a refill of an intrathecal pain pump. The applicant was apparently using intrathecal Dilaudid, oral Rozerem, and oral Desyrel, it was noted, as of this point in time. The applicant's work and functional status were not outlined. On June 21, 2013, the applicant received an intrathecal pain pump refill. Rozerem and trazodone were again refilled. The applicant was asked to cease smoking. The applicant was already permanent and stationary, it was stated, and did not appear to be working with permanent limitations in place. On October 11, 2013, the attending provider sought noted that the applicant presented with heightened complaints of low back and mid back pain, 8-9/10. The applicant remained depressed and is having difficulty concentrating, it was noted. The applicant had issues with paresthesias. The attending provider appealed the decision to deny 12 sessions of physical therapy for the lumbar spine. MRI imaging of the thoracic and lumbar spines were sought to evaluate the integrity of the intrathecal pain pump. Acupuncture, a pain psychology consultation, and an epidural steroid injection were also sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 12 SESSIONS: 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): 98-99.

Decision rationale: The 12-session course of treatment proposed, in and of itself, represents treatment in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here. No rationale for treatment in excess of MTUS parameters was proffered by the attending provider. It is further noted that both pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines endorse tapering or fading the frequency of treatment over time and emphasizing active therapy, active modalities, and self-directed home physical medicine during the chronic pain phase of an injury. The request, then, runs counter to MTUS parameters and principles. It is further noted that the applicant has had earlier unspecified amounts of physical therapy over the course of the claim and has failed to effect any lasting benefit or functional improvement through the same. The applicant remains off of work. The applicant remains highly reliant and highly dependent on intrathecal analgesics and antidepressant and adjuvant medications. The applicant is seemingly not working. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request is not medically necessary and appropriate.