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| Case Number: | CM14-0046069 | | |
| Date Assigned: | 07/02/2014 | Date of Injury: | 10/19/2010 |
| Decision Date: | 08/20/2014 | UR Denial Date: | 03/25/2014 |
| Priority: | Standard | Application Received: | 04/14/2014 |

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 neck and shoulder pain reportedly associated with an industrial injury of October 19, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; earlier cervical epidural steroid injection therapy; and unspecified amounts of physical therapy. In a Utilization Review Report dated March 25, 2014, the claims administrator denied a request for 12 sessions of physical therapy to the lumbar spine, citing Chapter 12 ACOEM Guidelines and Third Edition ACOEM Guidelines. The applicant's attorney subsequently appealed. In a February 26, 2014, progress note the applicant presented with persistent complaints of low back pain following recent epidural steroid injection therapy. The applicant was on Norco for pain relief. A 12-session course of physical therapy was sought. The applicant's work and functional status were not clearly outlined. In an earlier note dated February 5, 2014, the applicant was placed off of work, on total temporary disability. It was stated that the applicant was status post cervical fusion surgery in August 2012 and had residual lumbar radiculopathy. Neurontin, Restoril, and methadone were refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy visits for the Lumbar Spine, 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 1. MTUS Chronic Pain Medical Treatment Guidelines, page 99, Physical Medicine topic.2. MTUS.

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 well in excess of the MTUS parameters was provided. It is further noted that page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there must be some demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, however, there has been no such demonstration of functional improvement with earlier treatment. The applicant is off of work, on total temporary disability. The applicant remains highly reliant and highly dependent on various oral and topical medications, including methadone. Continued physical therapy in the face of the applicant's failure to demonstrate functional improvement with earlier treatment as defined by the parameters established in MTUS 9792.20f is not indicated. Therefore, the request for Physical Therapy is not medically necessary.