

Case Number:	CM14-0093529		
Date Assigned:	07/25/2014	Date of Injury:	11/08/2013
Decision Date:	10/14/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/19/2014

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 November 8, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; and opioid therapy. In a Utilization Review Report dated May 20, 2014, the claims administrator denied a request for eight sessions of physical therapy. The claims administrator stated that it was basing his decision on a request for authorization form dated May 14, 2014. The applicant's attorney subsequently appealed. On November 20, 2013, the applicant apparently developed a flare of severe low back pain resulting in a temporary admission to the hospital. The applicant was using tramadol, Flexeril, and Motrin; it was stated at that point in time. The applicant had a history of depression, nicotine abuse, and drug overdose, it was acknowledged. In a physical therapy progress note of May 21, 2014, it was acknowledged that the applicant had undergone earlier lumbar decompression surgery on November 23, 2013 at the L2-L4 level. It was further noted that the applicant was off of work and not working. The applicant had had 31 sessions of physical therapy through that point in time, it was acknowledged. The applicant was still using Norco, Motrin, Neurontin, Cymbalta, Excedrin, and Vistaril, it was further noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Physical Therapy Sessions (2x4 for Lumbar): Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The applicant was still within the six-month postsurgical physical medicine treatment period as of the date of the request for authorization, May 14, 2014, following earlier lumbar decompressive surgery/laminectomy surgery at L2 through L4 on November 23, 2013. The Postsurgical Treatment Guidelines in MTUS 9792.24.3 are therefore applicable. The applicant had already had prior treatment (31 sessions, per the treating therapist), seemingly well in excess of the 16-session course recommended in MTUS following the diskectomy/laminectomy surgery which transpired here. As further noted in Section 9792.24.3.c.4.b, postsurgical treatments shall be discontinued at any time during the postsurgical physical medicine treatment period in cases in which no functional improvement is demonstrated. In this case, the applicant remained off of work some five and a half months removed from the date of surgery as of the date additional physical therapy was requested. The applicant remained highly reliant and highly dependent on various medications, including Norco, Motrin, Neurontin, Cymbalta, Excedrin, Vistaril, etc. All of the above, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f despite completion of earlier physical therapy already in excess of the MTUS parameters. Therefore, the request for 8 Physical Therapy Sessions (2x4 for Lumbar) is not medically necessary.