

Case Number:	CM14-0214983		
Date Assigned:	01/07/2015	Date of Injury:	06/19/2012
Decision Date:	03/03/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 June 19, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; epidural steroid injection therapy; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated November 21, 2014, the claims administrator failed to approve a request for eight sessions of physical therapy. The claims administrator referenced a November 19, 2014 progress note in its determination. The applicant's attorney subsequently appealed. On July 29, 2014, the applicant reported persistent complaints of low back pain. The attending provider suggested that the applicant might be a candidate for a lumbar fusion surgery. A topical compounded medication was endorsed. The applicants work status was not clearly outlined, although it did not appear that the applicant was working. On July 1, 2014, the applicant was given refills of Norco, Zanaflex, and Ambien. The applicant reported various pain complaints and ancillary issues with gastroesophageal reflux disease. Multiple progress notes interspersed throughout the file was surveyed. The applicants work status was not clearly detailed at any point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of physical therapy for the 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 Page(s): 99 and 8.

Decision rationale: No, the request for eight sessions of physical therapy for the lumbar spine was not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend a general course of 8 to 10 sessions of treatment for myalgias and myositis of various body parts, the diagnoses reportedly present here, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, the applicants work status has not been clearly outlined, implying that the applicant is not working. The applicant remains dependent on opioid agents such as Norco and also remains dependent on various interventional spine procedures, including epidural steroid injection therapy. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite completion of earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for additional physical therapy was not medically necessary.