

Case Number:	CM14-0035997		
Date Assigned:	06/23/2014	Date of Injury:	10/11/2013
Decision Date:	02/18/2015	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/24/2014

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 October 11, 2013. In a Utilization Review Report dated March 3, 2014, the claims administrator partially approved a request for eight sessions of physical therapy for the lumbar spine as six sessions of physical therapy for the lumbar spine. The claims administrator referenced a February 14, 2014 progress note in its determination. The claims administrator acknowledged that it had not been clearly outlined how much prior treatment the applicant had or had not had. The applicant's attorney subsequently appealed. In the IMR application dated March 18, 2014, the applicant's attorney stated that he was, however, seeking six sessions of treatment. In a progress note dated January 3, 2014, the applicant was placed off of work, on total temporary disability, through February 17, 2014. The applicant's primary treating provider (PTP), a chiropractor, stated that the applicant had had 15 sessions of physical therapy to date and two sessions of manipulative therapy through his practice. Extracorporeal shock wave therapy, eight sessions of physical therapy, and eight sessions of manipulative therapy were endorsed while the applicant was kept off of work. On a subsequent note dated February 14, 2014, the applicant was, once again, kept off of work, on total temporary disability, through March 31, 2014, while eight sessions of physical therapy, eight sessions of manipulative therapy, and additional extracorporeal shock wave therapy were endorsed for ongoing complaints of low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x week x 3 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section; Physical Medicine topic Page.

Decision rationale: The applicant had already had prior treatment (at least 15 sessions, per the treating provider's note of January 3, 2014), seemingly 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 diagnosis reportedly present here. While it is acknowledged that not all of the aforementioned treatments necessarily transpired during the chronic pain phase of the claim, page 8 of the MTUS Chronic Pain Medical Treatment Guidelines does qualify its recommendation by noting that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, the applicant was/is off of work, on total temporary disability, despite having prior treatment already in excess of MTUS parameters. The applicant remained dependent on other forms of medical treatment, including manipulative therapy and extracorporeal shock wave therapy. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite earlier extensive physical therapy treatment. Therefore, the request for additional physical therapy was not medically necessary.