

Case Number:	CM15-0113827		
Date Assigned:	06/22/2015	Date of Injury:	09/04/2014
Decision Date:	07/22/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/12/2015

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, New York, 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 50-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 4, 2014. In a Utilization Review report dated June 1, 2015, the claims administrator failed to approve a request for eight sessions of physical therapy for the lumbar spine. The claims administrator referenced a RFA form received on May 22, 2015 and an associated progress note of May 7, 2015 in its determination. The applicant's attorney subsequently appealed. In an appeal letter dated June 10, 2015, the applicant's treating provider sought authorization for an epidural steroid injection. On June 2, 2015, the treating provider sought authorization for a functional restoration program. On February 10, 2015, the applicant reported ongoing complaints of low back pain, myofascial pain syndrome, depression, sleep disturbance, and anxiety. The applicant had a seemingly quiescent history of drug abuse, it was reported. Electrodiagnostic testing, flexion and extension views of the lumbar spine, and psychological evaluation were endorsed. The applicant was using Norco and Motrin for pain relief, it was reported. In another section of the note, the attending provider acknowledged, somewhat incongruously, in another section of the note, that the applicant was apparently using marijuana. Eight sessions of physical therapy and eight sessions of psychotherapy were endorsed via a February 24, 2015 progress note. Once again, the applicant's work status was not stated, although it did not appear that the applicant was working. The applicant was apparently using Norco, Flexeril, and Motrin in spite of the applicant's history of prior drug abuse. In a March 17, 2015 physical therapy evaluation, it was acknowledged that the applicant was no longer working and had not worked since the date of injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Physical Therapy sessions for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar and Thoracic (Acute and Chronic), Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Functional Restoration Approach to Chronic Pain Management Page(s): 99; 8.

Decision rationale: No, the request for eight sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. While the eight-session course of treatment at issue is consistent with 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, 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, however, the applicant was off of work, despite receipt of earlier physical therapy in unspecified amounts over the course of the claim. The applicant remained dependent on opioid agents such as Norco. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of physical therapy. Therefore, the request for physical therapy was not medically necessary.