

Case Number:	CM15-0118467		
Date Assigned:	06/29/2015	Date of Injury:	05/07/2014
Decision Date:	07/30/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/18/2015

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 48-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 7, 2014. In a Utilization Review report dated June 16, 2015, the claims administrator failed to approve a request for eight sessions of physical therapy of the lumbar spine while apparently approving Lyrica, Motrin, and a follow-up office visit. The claims administrator referenced a May 27, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On March 2, 2015, the applicant reported ongoing complaints of low back pain radiating to the legs, 6/10. Activities of daily living as basic as lifting, sitting, twisting, and standing all worsened the applicant's pain complaints, it was reported. The applicant was not working and had not worked since May 2014, it was acknowledged. The applicant was described as going to gym four times a week, spending 45 minutes per trip. Normal gait, including normal heel and toe ambulation were reported. Eight sessions of physical therapy, Motrin, and a trial lumbar epidural steroid injection were endorsed while the applicant's permanent work restrictions were renewed. On March 31, 2015, six sessions of massage therapy were endorsed. The attending provider acknowledged that the applicant had received eight sessions of physical therapy and was exercising in a gym one hour daily to include weightlifting and other cardiovascular activities. On May 23, 2015, an additional eight sessions of physical therapy were endorsed. Lyrica was prescribed. The applicant was also using supplemental testosterone, it was acknowledged. The applicant was not working with permanent limitations in place, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the low back, quantity: 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98; 99.

Decision rationale: No, the request for eight additional sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. The applicant had received prior treatment in early 2015 alone (8 sessions), seemingly 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. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that applicants are instructed and are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Here, the attending provider acknowledged that the applicant was independently ambulatory, was able to walk on his toes and heels as of March 2, 2015, and was, furthermore, exercising and staying active at a gym on a daily basis, per a progress note dated March 31, 2015. All evidence on file, thus, suggested that the applicant had already transitioned to and was capable of continuing self-directed, home-based physical medicine without the lengthy formal course of physical therapy at issue. Therefore, the request was not medically necessary.