

Case Number:	CM15-0129246		
Date Assigned:	07/15/2015	Date of Injury:	05/11/2013
Decision Date:	08/13/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	07/02/2015

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 [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 11, 2013. In a Utilization Review report dated June 3, 2015, the claims administrator failed to approve a request for 12 sessions of physical therapy. The claims administrator referenced a May 12, 2015 RFA form and an associated progress note of the same date in its determination. The applicant's attorney subsequently appealed. On March 17, 2015, the applicant reported ongoing complaints of low back and knee pain. Physical therapy and a viscosupplementation injection were endorsed. The applicant was receiving physical therapy, it was reported. The applicant was asked to remain off of work permanently. In an RFA form dated April 9, 2015, 12 additional sessions of physical therapy were endorsed. On March 3, 2015, the applicant's treating therapist noted that the applicant had had seven recent physical therapy treatments and had two additional physical therapy sessions pending. An earlier note on November 21, 2014 likewise stated that the applicant would remain off of work "permanently."

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy sessions for the lumbar spine with evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Physical Medicine; Functional Restoration Approach to Chronic Pain Management Page(s): 98-99; 8.

Decision rationale: The request for 12 additional sessions of physical therapy for the lumbar spine with an associated evaluation was not medically necessary, medically appropriate, or indicated here. The applicant had had prior treatment (7 to 9 sessions in 2015) seemingly consistent with 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 diagnoses reportedly present here. This recommendation is further qualified by commentary made on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that applicants should be instructed in and are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels, 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, and by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 48 to the effect that it is incumbent upon an attending provider to furnish a prescription for physical therapy and/or physical methods which "clearly states treatment goals." Here, however, the handwritten progress notes interspersed throughout early and mid-2015 did not outline evidence of functional improvement with earlier therapy, did not set forth clear goals for additional therapy, going forward, and did not clearly outline why the applicant could not transition to self-directed, home-based physical medicine without further formal instruction. The applicant was permanently off of work, the treating provider reported on multiple office visits, referenced above. It did not appear, in short, that the applicant had profited in terms of the functional improvement parameters established in MTUS 9792.20e with earlier unspecified amounts of physical therapy over the course of the claim, including 7 to 9 treatments in 2015 alone. The attending provider likewise failed to outline clear goals for further therapy, going forward, in his handwritten progress notes. Therefore, the request was not medically necessary.