MAXIMUS Federal Services

Case Number:	CM15-0171990		
Date Assigned:	09/14/2015	Date of Injury:	04/05/2013
Decision Date:	10/21/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/01/2015

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 reportedly associated with an industrial injury of April 5, 2013. In a Utilization Review report dated August 31, 2015, the claims administrator failed to approve a request for eight sessions of physical therapy. An August 26, 2015 progress note was referenced in its determination. The applicant's attorney subsequently appealed. On said August 26, 2015 progress note, the applicant was described as having previously attended physical therapy and 6/10 pain complaints were reported. Lifting and bending remained problematic. The applicant's permanent work restrictions were renewed while eight additional sessions of physical therapy were sought. The applicant exhibited 5/5 motor function throughout, it was reported. On an earlier note dated June 30, 2015, it was acknowledged that applicant had failed to return to work and had not worked since September 2014. Lifting, standing, sitting, bending, and walking remained problematic, it was reported. The applicant was not working with a permanent 15-pound lifting limitation in place, it was acknowledged. Physical therapy was sought at this point.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar spine 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Physical Medicine.

Decision rationale: No, the request for eight additional sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. The applicant had had prior treatment in 2015 alone (eight sessions, per the treating provider), seemingly consistent with the 8- to 10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, i.e., the diagnosis reportedly present here. This recommendation is further 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 and by commentary made on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an applicant should be instructed and/or expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Here, permanent work restrictions were renewed on August 26, 2015, unchanged from previous note dated June 30, 2015. It appeared, thus, the applicant had effectively plateaued in terms of the functional improvement measures established in MTUS 9792.20e despite receipt of eight prior sessions of physical therapy in mid-2015 alone. It was not stated why the applicant could not transition to self-directed, home-based physical medicine without further formal physical therapy as suggested on both pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.