MAXIMUS Federal Services

Case Number:	CM15-0176403		
Date Assigned:	09/17/2015	Date of Injury:	10/02/2003
Decision Date:	10/28/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	09/08/2015

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 55-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of October 2, 2003. In a Utilization Review report dated August 8, 2015, the claims administrator failed to approve a request for 12 sessions of physical therapy. The claims administrator referenced a July 24, 2015 office visit and an associated RFA form of the same date in its determination. The claims administrator said that attending provider had failed to state how much prior physical therapy had transpired through the date of the request. The applicant's attorney subsequently appealed. On April 21, 2015, it was stated that the applicant was using a walker to move about owing to ongoing complaints of low back pain status post earlier failed lumbar spine surgery. Ancillary complaints of neck pain were reported. The applicant's medications included OxyContin, Norco, Neurontin, Prilosec, Naprosyn, Cymbalta, Lexapro, LidoPro and Colace. Trigger point injections and a Toradol were performed and multiple medications were renewed. The applicant was placed off of work, on total temporary disability. On July 10, 2015, the applicant was, once again, placed off of work, on total temporary disability. Trigger point injections were performed. The applicant had undergone an earlier failed spine surgery, it was reported. The applicant had reportedly recent went to the emergency department for pain control purposes owing to heightened pain. The applicant was on OxyContin, Norco, Neurontin, Prilosec, Naprosyn, Cymbalta, Lexapro, and Colace, it was reported. On July 24, 2015, the applicant was, once again, placed off of work, on total temporary disability. Multiple medications including OxyContin, Norco, Neurontin, Cymbalta, Lexapro, and Prilosec were renewed. The applicant was kept off of work while 12

additional sessions of physical therapy were sought. The applicant's pain complaints were described as "debilitating."

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks to cervical and lumbar spine: 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 12 sessions of physical therapy for the lumbar cervical spine was not medically necessary, medically appropriate, or indicated here. This, in and of itself, represents treatment in excess of 9- to 10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, i.e. the diagnosis is reportedly present here. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant off of work, on total temporary disability, it was reported on multiple office visits, referenced above, including on the July 24, 2015 office visit at issue. The applicant remained dependent on a variety of opioids agents to include OxyContin and Norco, it was further noted. The applicant was apparently using a walker to move about at times, it was suggested. The applicant remained dependent on other forms of medical treatment to include frequent trigger injections. 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 over the course of the claim. Therefore, the request for an additional 12 sessions of physical therapy was not medically necessary.