

Case Number:	CM15-0025677		
Date Assigned:	02/18/2015	Date of Injury:	01/21/2014
Decision Date:	04/02/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/10/2015

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 January 21, 2014. In a Utilization Review Report dated January 27, 2015, the claims administrator failed to approve a request for 12 sessions of physical therapy. Progress notes of December 27, 2014 and January 19, 2014, were referenced in the determination. The applicant's attorney subsequently appealed. On January 19, 2015, the applicant reported persistent complaints of low back pain; the applicant was using Motrin for pain relief. The attending provider stated that the applicant had failed conservative treatment over the past nine months. The attending provider suggested that the applicant pursue medial branch blocks. The attending provider stated in one section of the note that the applicant has had completed six additional sessions of physical therapy without significant improvement in pain. The attending provider then stated that the applicant should pursue medial branch blocks and obtain 12 additional sessions of physical therapy, noting that the applicant still has significant pain and disability. A 30-pound lifting limitation was endorsed, although it did not appear that the applicant was working with said limitations. Tramadol was also furnished.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) physical therapy visits for lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 99 of 127.

Decision rationale: No, the request for an additional 12 sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. The 12 sessions of physical therapy proposed, in and of itself, represents treatment in excess of the 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 diagnosis reportedly present here. No clear rationale for additional treatment was furnished. The attending provider stated in one section of the report that six recent sessions of physical therapy had proven ineffectual. It was not clear, thus, why additional physical therapy treatment was sought. The fact that work restrictions remained in place, coupled with the fact that the applicant remained dependent on analgesic medications such as Ultracet, taken together, suggest that lack of functional improvement as defined in MTUS 9792.20f despite receipt of earlier physical therapy in unspecified amounts over the course of the claim. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order justify continued treatment. Here, quite clearly, there was no such improvement evident here. The attending provider did not likewise establish clear goals for further, going forward. Therefore, the request was not medically necessary.