

Case Number:	CM15-0098164		
Date Assigned:	05/29/2015	Date of Injury:	02/15/2013
Decision Date:	07/02/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/21/2015

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 33-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 15, 2013. In a Utilization Review report dated May 8, 2015, the claims administrator partially approved requests for 10 sessions of physical therapy for the low back as two sessions of physical therapy for the same. The full text of the UR report, including the name of the UR reviewer, was not attached to the IMR application. The claims administrator did reference a RFA form received on May 4, 2014 in its determination. The applicant's attorney subsequently appealed. On May 4, 2015, the applicant reported ongoing complaints of low back pain. The applicant reported derivative complaints of anxiety and bruxism. The applicant was having difficulty sitting, standing, walking, it was reported. The applicant had a pending appointment with a psychiatrist. The applicant had permanent restrictions in place. The applicant received prior unspecified amounts of physical therapy, acupuncture, yoga, Lidoderm patches, massage therapy, and various medications, including Vicodin, Tylenol, Motrin, Lidoderm patches, the treating reported. The applicant had apparently completed a functional restoration program and had permanent restrictions in place. 8-9/10 pain complaints were reported. Standing and walking remained problematic. The note was quite difficult to follow. Some sections of the progress note stated that the applicant had found alternate work elsewhere, as a secretary, while other sections of the note stated that the applicant had been unable to attend a coursework to become a counselor owing to pain issues. The attending provider suggested eight sessions of physical therapy while noting that the applicant was pending a previously authorized lumbar spine surgery. The applicant's

medications included Motrin, baclofen, Lidoderm, Tylenol, diclofenac, and Prilosec, it was reported. Some sections of the note stated that the applicant had had a recent flare in symptoms. The attending provider acknowledged that the applicant was doing home exercises and had a stable neurologic exam, despite ongoing pain complaints.

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, 2 times weekly for 6 weeks, quantity: 12 sessions:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: No, the request for 12 sessions of physical therapy for the lumbar spine was not medically necessary, medically appropriate, or indicated here. The 12-session course of therapy at issue, in and of itself, represents treatment in excess of 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 expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Here, the admittedly limited information on file suggested that the applicant was performing some home exercises, and did not have significant or profound deficits which would warrant the lengthy, protracted course of physical therapy at issue. Therefore, the request was not medically necessary.