MAXIMUS Federal Services

Case Number:	CM15-0098182		
Date Assigned:	05/29/2015	Date of Injury:	07/18/2013
Decision Date:	07/02/2015	UR Denial Date:	05/12/2015
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 51-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 18, 2013. In a Utilization Review report dated May 12, 2015, the claims administrator failed to approve a request for eight sessions of physical therapy. The claims administrator referenced a RFA form dated April 22, 2015. The claims administrator stated that the applicant had had 24 sessions of physical therapy approved through this point in time. The claims administrator invoked the MTUS Chronic Pain Medical Treatment Guidelines, while incidentally noting that the applicant had undergone earlier lumbar laminectomy surgery at an unspecified point in time. The applicant's attorney subsequently appealed. On April 29, 2014, the applicant's Qualified Medical Evaluator (QME) noted that the applicant had undergone a first lumbar laminectomy surgery in October 1987, a second laminectomy surgery in August 2013, and unspecified amounts of acupuncture over 2013 and 2014. The applicant was still on Aleve and Flexeril, it was reported at this point in time. The medical-legal evaluator suggested that the applicant pursue aquatic therapy. The applicant's work status was not furnished, although it did not appear that the applicant was working. On March 10, 2015, the applicant's treating therapist noted that the applicant had undergone a lumbar laminectomy surgery in 2013. Ongoing complaints of low back pain were reported. The applicant did have variable gait disturbance secondary to pain. The applicant was encouraged to perform home exercises. In a RFA form dated March 26, 2015, eight sessions of physical therapy and eight sessions of acupuncture were sought. In a medical-legal report dated September 20, 2014, the medical-legal evaluator reported that the applicant was off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy QTY: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: No, the request for eight sessions of physical therapy for the lumbar spine was not medically necessary, medically appropriate, or indicated here. The applicant had had recent treatment (24 sessions in 2014-2015 alone, per the claims administrator), seemingly in excess of the 8 to 10 session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, i.e., the diagnoses 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. The MTUS Guideline in ACOEM Chapter 3, page 48 also notes that an attending provider should furnish a prescription for physical therapy, which clearly states treatment goals. Here, clear-cut treatment goals were not furnished. Little to no rationale accompanied the March 26, 2015 RFA form. It was not clearly stated or clearly established why the applicant could not transition to self-directed home-based physical medicine, as suggested on pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines, particularly in light of the fact that the applicant's treating therapist had reported on March 10, 2015 that the applicant had been instructed on performance of home exercises. Therefore, the request for eight additional sessions of physical therapy was not medically necessary.