

Case Number:	CM13-0047454		
Date Assigned:	12/27/2013	Date of Injury:	12/05/2007
Decision Date:	04/02/2015	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/01/2013

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 [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 5, 2007. In a utilization review report dated October 25, 2013, the claims administrator failed to approve a request for 8 to 18 sessions of physical therapy for the lumbar spine. The claims administrator referenced historical utilization review reports and a progress note of April 30, 2013. A variety of MTUS and non-MTUS Guidelines were referenced in the determination. The applicant's attorney subsequently appealed. On October 8, 2013, the applicant reported persistent complaints of low back pain radiating into bilateral lower extremities. Neck pain and upper extremity numbness were also appreciated. The applicant is status post multiple failed lumbar spine surgeries, it is incidentally noted, most recently in 2012. The applicant was given refills of Duragesic, Neurontin, Lunesta, Celebrex, and Percocet. Additional physical therapy and an implantable peripheral stimulator were endorsed. The applicant was placed 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 (2-3 times per week for 4-6 weeks for the lumbar spine): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, page 114; and on the Non-MTUS ODG Physical Therapy Guidelines (Lumbar).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 8, 99.

Decision rationale: The 8 to 18-session course of treatment proposed, 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. 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 continuing treatment. Here, however, the applicant was/is off of work, on total temporary disability, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. The applicant remains dependent on opioid agents such as Duragesic and Percocet. All of the foregoing, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20(f), despite receipt of earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request was not medically necessary.