

Case Number:	CM13-0005519		
Date Assigned:	08/16/2013	Date of Injury:	05/02/2013
Decision Date:	01/14/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/01/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 2, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; 12 sessions of physical therapy over the life of the claim; and work restrictions. In a utilization review report of July 24, 2013, the claim's administrator denied a request for 6 sessions of physical therapy on the grounds that the applicant had already had 12 sessions of treatment to date. It was noted, however, that the applicant completed the 12 prior sessions on June 19, 2013 and later had a recurrence of pain in July 2013. The applicant's attorney later appealed, on August 1, 2013. A later note of September 23, 2013 is notable for comments that the applicant has not had any recent physical therapy, has not returned to work, and still has pain and limited range of motion about the lumbar spine despite normal reflexes and power with the exception of the L5-S1 distribution. An earlier note of August 26, 2013 is notable for the comments that the applicant earlier had 8 to 12 sessions of physical therapy. The applicant is having stress associated with work and monetary issues. A trial of physical therapy and a 10-pound lifting limitation are endorsed. An earlier note of July 30, 2013 is notable for comments that the applicant was initially discharged as cured and later experienced a recurrence in pain in July 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy three (3) times per week, for the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG TWC) Low Back, Physical Therapy.

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

Decision rationale: The Physician Reviewer's decision rationale: While the applicant may very well have had 12 prior sessions of therapy at an earlier point in the claim, he has not had any prior therapy in the "chronic pain phase" of the injury. Page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse a general course of 9 to 10 sessions of treatment for myalgias and/or myositis of various body parts and further endorses the importance of active therapy, active modalities, and self-directed home physical medicine. In this case, while the applicant may very well have had 12 prior sessions of physical therapy between May and July 2013, he has not had any prior therapy during the chronic pain phase of the injury. He experienced either a recurrence in pain and/or new-onset pain, based on different descriptions presented in the file. In any case, the short 6-session course of physical therapy proposed by the attending provider to treat either the recurrence versus flare-up versus new-onset low back pain in July 2013 was appropriate. Therefore, the request is retrospectively certified.