

Case Number:	CM13-0005737		
Date Assigned:	09/27/2013	Date of Injury:	03/04/1999
Decision Date:	02/04/2014	UR Denial Date:	07/15/2013
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 Preventative Medicine and 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, [REDACTED] is a represented [REDACTED] who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 4, 1999. In a utilization review report of July 15, 2013, the claims administrator denied the request for an x-ray of the lumbar spine, partially certified four sessions of physical therapy, and denied an x-ray of the lumbar spine. It was stated that the applicant has retired from his former place of employment. It was also stated that the physical therapy is partially certified so as to try and facilitate the applicant's transition to home program. The applicant's attorney appealed on July 19, 2013. No progress notes or rationale was attached to the application, however.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two (2) times per week for six (6) weeks, QTY: 12.00: Upheld

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

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

Decision rationale: The request for 12 sessions of treatment here alone would represent 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/or myositis of various body parts. It is noted that no clinical progress notes were attached to the request for authorization so as to try and make a case for a variance from the guidelines. It is further noted that pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines endorse the importance of active therapy, active modalities, and self-directed home physical therapy. Thus, while the lesser, four-session course endorsed by the claims administrator can be supported, there is little support for the 12-session course proposed by the attending provider, particularly given the lack of supporting information. Accordingly, the request remains non-certified, on independent medical review.

X-ray lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: As noted in the MTUS-adopted ACOEM guidelines in Chapter 12, Table 12-8, x-rays can be supported if there is evidence of red flag signs or symptoms such as fracture, tumor, infection, etc. In this case, however, there is no clearly voiced suspicion of fracture, tumor, or infection. ACOEM does not endorse routine usage of lumbar spine radiographs in the absence of such red flags. Therefore, the original utilization reviewer decision is upheld. The request remains non-certified, on independent medical review.