MAXIMUS Federal Services

Case Number:	CM13-0018458		
Date Assigned:	03/26/2014	Date of Injury:	04/20/2012
Decision Date:	06/11/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/29/2013

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. The expert 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 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/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 lifting injury of April 28, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; epidural steroid injection therapy; and 26 to 30 sessions of physical therapy over the life of the claim, per the claim administrator; initial return to regular work; and subsequent imposition of work restrictions. It does appear that the applicant's case and care have been complicated by mental health issues. In a Utilization Review Report of August 15, 2013, the claims administrator partially certified a request for eight sessions of physical therapy as four additional sessions of physical therapy, stating that the applicant had had 26 sessions of physical therapy over the life of the claim, most recently completed in October 2012. The applicant apparently not had any prior therapy in 2013, the claims administrator suggested. The applicant appealed. In a clinical progress note of August 8, 2013, the applicant is described as having a flare-up of pain. He was having difficulty doing heavy lifting at work. The applicant has had negative electrodiagnostic testing and MRI imaging notable for low-grade disk bulges. The applicant continues to smoke. 5/5 lower extremity strength was noted with equivocal straight leg raising. A total of eight sessions of physical therapy were sought, while prescriptions for Norco, prednisone, and methyl salicylate were endorsed. A 25-pound lifting limitation was suggested. In an earlier note of July 25, 2013, it was stated that the applicant had returned to regular work as of that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY, 2 TIMES A WEEK FOR 4 WEEKS: Overturned

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): 99.

Decision rationale: As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, a general course of 8 to 10 sessions of treatment is recommended for neuralgias, neuritis, and radiculitis of various body parts, the issue reportedly present here. While the applicant may have had physical therapy earlier in the life of the claim, this apparently took place in 2012, during the acute phase of the injury. The applicant had responded favorably to earlier treatment. The applicant had been returned to regular duty work, shortly before the most recent flare-up of pain. The eight-session course of treatment proposed by the attending provider did conform to MTUS parameters and was indicated, given the applicant's favorable response to prior treatment as evinced by the applicant's earlier return to regular work. Therefore, the original utilization review decision is overturned. The request is for Additional Physical Therapy is medically necessary.