MAXIMUS Federal Services

Case Number:	CM13-0020680		
Date Assigned:	10/11/2013	Date of Injury:	04/04/1999
Decision Date:	04/17/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/05/2013

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 injury of April 4, 1999. Thus far, the applicant has been treated with following: Analgesic medications; attorney representation; unspecified numbers of epidural steroid injections; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report of August 24, 2013, the claims administrator denied a request for 12 sessions of physical therapy, citing non-MTUS ODG Guidelines and non-MTUS Third Edition ACOEM Guidelines, although the MTUS does address the topic at hand. In an October 7, 2013 progress note, the applicant is described as presenting for follow-up with persistent low back and leg complaints. The applicant is having difficulty transferring. The applicant weighs 167 pounds and stands 5 feet 9 inches tall. Left lower extremity strength is scored at 4+/5 versus 5/5 about the right with diminished left Achilles reflex noted. Additional physical therapy is sought. On August 26, 2013, the applicant was described as permanent and stationary. It did not appear that the applicant was working. In an August 26, 2013 progress note, the applicant was again described as having persistent low back pain radiating to legs. She is having difficulty performing activities of daily living including taking care of her children, it was stated. She is given a diagnosis of lumbar radiculopathy and was described as remaining permanent and stationary. On July 15, 2013, the attending provider sought authorization for six weeks of physical therapy and three epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY LUMBAR X 12 VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 8, 98-99.

Decision rationale: The 12 sessions of treatment being proposed here do represent treatment, in and of themselves, in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for neuralgia, neuritis, and radiculitis, the issue seemingly present here. In this case, however, no clear goals for further physical therapy have been proffered. It has not been clearly stated why the attending provider and/or applicant have not attempted to diminish or taper the frequency of treatment over time, pursue self-directed home physical medicine, and/or emphasize on active therapy and active modalities, as suggested on pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's work status, functional status, and response to prior treatment are all unknown. It does not appear that the applicant has returned to work, however, based on the limited information on file. Therefore, the request is not certified on the grounds that the treatment request does not conform to MTUS parameters and on the grounds that there is no clear-cut evidence of functional improvement with prior treatment.