

Case Number:	CM13-0027137		
Date Assigned:	11/22/2013	Date of Injury:	05/31/2013
Decision Date:	02/27/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/20/2013

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] EMT, who has filed a claim for low back pain reportedly associated with an industrial injury of May 31, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; MRI imaging of the lumbar spine of June 21, 2013, notable for multilevel disk bulge of uncertain clinical significance; unspecified amounts of chiropractic manipulative therapy; extensive periods of time off of work; and transfer of care to a physiatrist. In a Utilization Review Report of September 9, 2013, the claims administrator approved a request for transfer of care to a physiatrist and partially certified a request for 12 to 16 sessions of physical therapy as 10 sessions of physical therapy. The applicant's attorney later appealed. An earlier clinical progress note of July 11, 2013 and June 28, 2013 are sparse and notable for comments that the applicant is off of work, on total temporary disability. A later note of August 21, 2013 was notable for comments that the applicant was no longer working as a paramedic. The applicant has a BMI of 30. Altered sensorium was appreciated about the lower extremities. The applicant was asked to pursue a 12 to 18 session course of physical therapy.

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 a week for six (6) to eight (8) weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines

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

Decision rationale: The 12 to 16 session course of treatment being proposed by the attending provider does represent treatment in excess of the 9 to 10 session course recommended on the page 99 of the MTUS Chronic Pain Medical Treatment Guidelines. The lengthy course being proposed here does not, furthermore, afford the attending provider with an opportunity to intermittently reevaluate the applicant at various points during the physical therapy course so as to monitor the ongoing presence of the functional improvement so as to justify continued treatment, as suggested on page 8 of Chronic Pain Medical Treatment Guidelines. Accordingly, the 12 to 16 session course of therapy being sought here is not certified, on Independent Medical Review.