

Case Number:	CM13-0029959		
Date Assigned:	11/27/2013	Date of Injury:	02/20/2007
Decision Date:	02/05/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	09/27/2013

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.

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 has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of February 20, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; and muscle relaxants. In a utilization review report of September 19, 2013, the claims administrator denied a request for physical therapy evaluation and 12 sessions of treatment, citing the fact that the applicant recently underwent hysterectomy four weeks prior. It was stated that the applicant had not had any prior physical therapy up until that point. A later clinical progress note of October 29, 2013 is notable for comments that the applicant has not had any physical therapy. A steroid injection has likewise not been approved. Persistent low back pain is radiating to the hip. The applicant is having difficulty with activities of daily living, although Flexeril has helped. Prednisone has been discontinued on the grounds that it resulted in GI distress. The applicant has returned to work with a rather proscriptive 5-pound lifting limitation. An earlier note of September 24, 2013 is notable for comments that the applicant is off of work owing to nonindustrial issues related to hysterectomy and pending cataract surgeries.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (PT) evaluation times 1 and 12 visits: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Based on the information provided, the applicant does not appear to have had any prior physical therapy, at least in the calendar year 2013. While certification of 12 sessions of treatment does represent treatment in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Medical Treatment Guidelines for the diagnosis of radiculitis, seemingly present here, in this case, the applicant's many comorbidities including age (73), cataracts, and history of recent gynecological surgery/hysterectomy do support treatment in an amount slightly in excess of that endorsed by the MTUS. It is further noted that partial certifications are not permissible through the intermittent medical review process. Therefore, on balance, providing 12 sessions of therapy is preferable to providing no therapy here, particularly since the applicant has not had any physical therapy treatment to date, it has been suggested. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review.