

Case Number:	CM13-0034190		
Date Assigned:	12/06/2013	Date of Injury:	12/03/2009
Decision Date:	02/03/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/11/2013

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] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 3, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the life of the claim; topical agents; medical fluids; oral steroids; extensive periods of time off work; and eventually returned to part-time modified work. In a utilization review report of October 1, 2013, the claims administrator denied a request for additional physical therapy, citing non-MTUS ODG Guidelines. The applicant's attorney later appealed. An earlier note of January 8, 2013 is notable for comments that the applicant is off work, on total temporary disability. A later note of April 15, 2013 is again notable for comments that the applicant has electrodiagnostic confirmed radiculopathy. She has returned to modified duty work. She has diminished sensorium about the thigh with intact sensation about the lower extremities. A later note of July 31, 2013 is again notable for comments that the applicant is looking for a spine surgeon to get a second opinion as to whether to pursue surgery or not. She has diminished sensorium about the lower extremities and pain with range of motion testing while work restrictions are again endorsed. A physical therapy note of September 18, 2012 is notable for comments that the applicant has had 8 sessions of physical therapy in 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2-3 Times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back procedure

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

Decision rationale: The applicant has already had prior treatment (at least 8 sessions), seemingly compatible with an 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis present here. The applicant appears to have reached a plateau with prior treatment in terms of the functional improvement measures established in MTUS 9792.20(f). The applicant's work status and work restrictions are seemingly unchanged from visit to visit. She is working modified duty, part-time, at a rate of 8 hours a day. She is still dependent on various forms of medical treatment, including medications, and is now apparently in the process of consulting a neurosurgeon to consider spine surgery to treat her radiculopathy. All the above, taken together, implies that she has reached a plateau with prior conservative measures. Therefore, the request for additional physical therapy is not certified.