

Case Number:	CM13-0036098		
Date Assigned:	01/10/2014	Date of Injury:	07/28/2010
Decision Date:	03/25/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/18/2013

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 July 28, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; muscle relaxants; attorney representation; unspecified amounts of physical therapy over the life of the claim; unspecified amounts of acupuncture over the life of the claim; and the apparent imposition of permanent work restrictions. It does not appear that the applicant has returned to work with permanent limitations in place, although this may possibly be a function of the applicant having retired as opposed to a function of the industrial injury. In a utilization review report of October 8, 2013, the claims administrator apparently denied a request for physical therapy and an outpatient in-office steroid injection. The applicant's attorney subsequently appealed. In a progress report of September 25, 2013, the applicant represents with a flare of low back pain he is having difficulty bending. Ultracet is causing stomach upset. The applicant's pain level ranges from 3-5/10 he denied any radicular complaints. Limited lumbar range of motion is noted with associated spasm and tenderness. A 35-pound lifting limitation, Ultracet, Soma, and a topical compounded ointment are endorsed along with an in-office corticosteroid injection and six sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

treatment for Outpatient In-Office Steroid Injection to the Low Back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: According to Low Back Complaints ACOEM Guidelines in Chapter 12, page 300, local injections such as the in-office corticosteroid injection being proposed here are of "questionable merit." The exact composition of the in-office steroid injection and technique has not, it is further noted, been specified by the attending provider. Therefore, the request is not certified.

treatment for Post Injection Physical Therapy 2 times a week for 3 weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The applicant was apparently having an acute flare of chronic pain on and around the date of the request. There is no documentation that the applicant had had any recent physical therapy in 2013. The applicant was described as having physical deficits including difficulty bending. The six-session course of treatment proposed by the attending provider would have been beneficial to reinstitute a home exercise program, as suggested on pages 98 and 99 of the Chronic Pain Medical Treatment Guidelines, which do endorse active therapy, active modalities, self-directed home physical medicine, and an overall course of 9 to 10 sessions of treatment for myalgias and/or myositis of various body parts, the diagnosis seemingly present here. Thus, the request for six sessions of physical therapy treatment did conform to Chronic Pain Medical Treatment Guidelines parameters and was indicated, given the acute flare of pain described by the attending provider. Therefore, the original utilization review decision is overturned. The request is certified.