

Case Number:	CM13-0044935		
Date Assigned:	12/27/2013	Date of Injury:	11/01/1982
Decision Date:	03/06/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	10/30/2013

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 [REDACTED] employee who has filed a claim for chronic low back pain, reportedly associated with an industrial injury of November 1, 1982. Thus far, the applicant has been treated nonoperatively with the following: Analgesic medications; unspecified amounts of physical therapy over the life of the claim; consultation with the neurosurgeon, who declined to intervene operatively; and reported return to regular duty work. In a utilization review report of October 24, 2013, the claims administrator apparently denied a request for 12 sessions of physical therapy and reportedly recommended two sessions of treatment for home exercise transition purposes. The applicant reportedly appealed the denial. A later note of November 12, 2013 is notable for comments that the applicant reports ongoing low back pain with sciatic symptoms. There is some radiation pain in the left lower extremity. There are also some reports of knee pain. Left knee x-ray is ordered. In an earlier note of October 8, 2013, the applicant stated that earlier physical therapy had been effective. The applicant had some guarding and tenderness about the lumbar spine with an intact neurologic exam. A 12-session course of physical therapy was apparently sought.

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) weeks: Upheld

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 Physical Medicine.

Decision rationale: The 12 sessions of treatment being purposed here would represent treatment in excess of the 8-10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for neuralgia, neuritis, and radiculitis of various body parts. As further noted on pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines, the emphasis should appropriately be on active therapy, active modalities, tapering or fading the frequency of physical therapy treatment over time, and on transition towards self-directed home physical medicine. In this case, the 12-session course of treatment proposed does represent treatment in excess of the guideline. This is not indicated, particularly as the applicant's deficits appear sufficiently mild or minor such that a few additional sessions of treatment would likely suffice to transition the applicant toward an independently performed exercise program. Since partial certifications are not permissible through the independent medical review system, however, the request is wholly not certified. ⚡