

Case Number:	CM13-0045171		
Date Assigned:	03/31/2014	Date of Injury:	03/13/2012
Decision Date:	05/07/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/31/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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], Incorporated employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 13, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; 7 to 12 sessions of physical therapy, per the claims administrator; adjuvant medications; and MRI imaging of lumbar spine, notable for multilevel degenerative changes. In a consultation note of September 6, 2013, the applicant is given a diagnosis of lumbar myofascitis without evidence of radiculopathy. On October 3, 2013, it is stated that the applicant has had prior unspecified amounts of physical therapy over the life of the claim and is not a surgical candidate. Work restrictions are apparently endorsed. Eight additional sessions of physical therapy are sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 ADDITIONAL PHYSICAL THERAPY SESSIONS FOR THE LUMBAR SPINE:

Upheld

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

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

Decision rationale: The applicant has had prior treatment (at least 12 sessions) over the life of the claim, seemingly in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for neuralgia, neuritis, and radiculitis. It is not clear why additional therapy is being sought here. The applicant has returned to modified work with a rather permissive 50-pound lifting limitation. The applicant is seemingly possessed of sufficient residual function so as to independently transition to a home exercise program, as suggested on pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines, which do endorse active therapy, active modalities, self-directed home physical medicine, and tapering or fading of the frequency of treatment over time. In this case, however, the original request, as written, does not conform to MTUS principles of tapering or fading the frequency of treatment over time and does not appropriately emphasize self-directed physical medicine at this late date, several years removed from the date of injury. Therefore, the request remains not certified, on Independent Medical Review.