MAXIMUS Federal Services

Case Number:	CM13-0045358		
Date Assigned:	03/31/2014	Date of Injury:	07/25/2013
Decision Date:	06/30/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/12/2013

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], employee who has filed a claim for low back pain reportedly associated with an industrial injury of July 25, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; lumbar MRI imaging of August 9, 2013, reportedly notable for a 2-mm disc bulge; at least 6 prior sessions of physical therapy; 4 sessions of acupuncture; and work restrictions. In a utilization review report dated October 31, 2013, the claims administrator denied a request for 8 sessions of physical therapy. The applicant's attorney subsequently appealed. In a handwritten progress note dated October 25, 2013, the applicant was placed off work, on total temporary disability, and asked to pursue an additional 8-session course of physical therapy. The progress note provided was sparse, handwritten, difficult to follow, and not entirely legible. In an earlier note of October 4, 2013, the applicant was again described as off work, on total temporary disability, and is reportedly using Naprosyn for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSIOTHERAPY 2 TIMES 4 FOR THE LOW BACK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines LOW BACK.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299,Chronic Pain Treatment Guidelines LOW BACK.

Decision rationale: The applicant had already had prior treatment (six sessions), seemingly in excess of the 1- to 2-session course recommended in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-5, for education, counseling, and evaluation of home exercise purposes. The applicant had failed to respond favorably to the same. The applicant remained off work, on total temporary disability, and remained highly reliant on other forms of medical treatment, including acupuncture and analgesic medications. It is further noted that, while the Third Edition ACOEM Guidelines recommend anywhere from 8 to 12 sessions of physical therapy for applicants with more severe acute and subacute low back pain problems, the ACOEM, like MTUS 9792.20(f), does state that treatment should be contingent on program progression and functional improvement. In this case, however, there is no evidence of functional improvement as defined in MTUS 9792.20(f) following completion of at least 6 prior sessions of physical therapy. Therefore, the request for additional physical therapy is not medically necessary.