MAXIMUS Federal Services

Case Number:	CM13-0065807		
Date Assigned:	01/03/2014	Date of Injury:	06/03/2011
Decision Date:	04/15/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/13/2013

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 chronic low back pain reportedly associated with an industrial injury on June 3, 2011. 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 chiropractic manipulative therapy, physical therapy, and trigger point injection therapy; and the apparent imposition of permanent work restrictions. In a utilization review report of November 25, 2013, the claims administrator denied a request for 12 sessions of physical therapy, citing non-MTUS ODG Guidelines along with MTUS Guidelines. The applicant's attorney subsequently appealed. On July 18, 2013, the applicant was given a 3% whole-person impairment rating through a medical-legal evaluation. The applicant was described as working full-time, full-duty as an eighth grade school teacher. However, on November 15, 2013, the applicant apparently presented with persistent low back pain. The note is quite difficult to follow and mingles old complaints with current complaints. The applicant is described as divorced, with one son. Limited range of motion was noted with a normal gait and normal motor function. Additional physical therapy was endorsed. The applicant was described as not working as of the present time. Owing to a flare-up of pain, the applicant is placed off work for what appears to be one week.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3 TIMES A WEEK FOR 4 WEEKS: Upheld

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

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

Decision rationale: The 12-session course of treatment being proposed here would, in and of itself, represent treatment in excess of the 9 to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts, the diagnosis seemingly present here. In this case, however, no clear rationale for treatment beyond the guideline was proffered by the attending provider. No clear goals for further treatment beyond the guideline were proffered. It is further noted that pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines do support active therapy, active modalities, and tapering or fading the frequency of treatment over time. While a few sessions of treatment could have been approved to reinstitute a home exercise program, the lengthier, 12-session course proposed cannot, as it represents treatment in excess of MTUS parameters and further runs counter to the principle articulated on pages 98-99 of the MTUS Chronic Pain Medical Treatment Guidelines to diminish or taper the frequency of treatment over time. Therefore, the request is not certified, on independent medical review.