

Case Number:	CM13-0067445		
Date Assigned:	01/03/2014	Date of Injury:	06/10/2011
Decision Date:	08/29/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/18/2013

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 of June 10, 2011. Thus far, the applicant has been treated with analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; lumbar MRI imaging, apparently notable for L5-S1 neuroforaminal encroachment; electrodiagnostics of bilateral lower extremities, apparently notable for L4-L5 radiculopathy. The applicant's attorney subsequently appealed. On August 14, 2013, the applicant presented with insomnia, severe low back pain, leg pain, hip pain, hypogonadism, anxiety, hypertension, and hypertriglyceridemia. Testosterone injections were endorsed. On September 13, 2013, the applicant was placed on total temporary disability for additional six weeks owing to a variety of complaints, including low back pain and hip pain status post hip arthroplasty. The applicant was asked to employ Neurontin for neuropathic pain. Hydrocodone, omeprazole, and an H-Wave device were also endorsed. In a Utilization Review Report dated December 6, 2013, the claims administrator denied a request for 12 sessions of physical therapy, citing non-MTUS ODG Guidelines in conjunction with MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3xwk x 4wks to the low back after epidural steroid injection (ESI):
Upheld

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

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

Decision rationale: The 12-session course of treatment proposed represents treatment in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines. No rationale for treatment in excess of MTUS guidelines was provided by the attending provider. The applicant remains on total temporary disability. The applicant remains highly reliant and highly dependent on various analgesic and adjuvant medications, including Norco and omeprazole. The applicant pursued a variety of modalities, including interventional spine procedures, trigger point injections, etc. The applicant has had prior unspecified amounts of physical therapy over the course of the claim and does not appear to have received any lasting benefit or functional improvement from treatment. Therefore, the request is not medically necessary.