MAXIMUS Federal Services

Case Number:	CM13-0068293		
Date Assigned:	01/03/2014	Date of Injury:	08/23/2006
Decision Date:	03/11/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/19/2013

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 represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 23, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; prior L4-S1 fusion surgery in 2011; a hardware block in July 2012; sacroiliac joint block; trigger point blocks; and the apparent imposition of permanent work restrictions. It does not appear that the applicant has returned to work with said limitations in place. In a utilization review report of December 11, 2013, the claims administrator denied a request for six units of physical therapy. The applicant's attorney subsequently appealed. An earlier progress note of September 9, 2013 is notable for comments that the applicant reports heightened low back pain after sitting for a few hours and with prolonged activities. The applicant reportedly exhibits pain while changing position, transferring, walking, and when testing range of motion. Guarding and an antalgic gait are apparently appreciated. The applicant is given refills of Norco, Phenergan, Nexium, and Motrin. A permanent 15-pound lifting limitation is endorsed. In an October 9, 2013 progress note, the attending provider writes that the applicant may be considering a hardware removal surgery. The applicant again exhibits an antalgic gait. Pain is exhibited with transfer, sitting, standing, walking, and with range of motion testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool therapy x 6 weeks lumbar: Overturned

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 Page(s): 22.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy in those applicants in whom reduced weight bearing is desirable. In this case, the applicant is reportedly having difficulty ambulating, transferring, walking, etc. as suggested on numerous office visits referenced about throughout late 2013 and early 2014. Contrary to what was suggested by the claims administrator, the applicant does not appear to have had any recent physical therapy for the chronic low back pain and is now, moreover, apparently having a flare of the same. The six units of physical therapy being proposed here does seemingly conform to 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. Accordingly, the original utilization review decision is overturned. The request is certified, on independent medical review.