

Case Number:	CM14-0113279		
Date Assigned:	10/10/2014	Date of Injury:	12/16/2011
Decision Date:	11/13/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/18/2014

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 December 16, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier lumbar spine surgery on March 12, 2013; electrodiagnostic testing of October 11, 2013 notable for mild chronic L5 radiculopathy; and at least 23 sessions of physical therapy over the course of the claim, per the claims administrator. In a Utilization Review Report July 8, 2014, the claims administrator partially approved a request for 12 sessions of physical therapy as three sessions of the same. The applicant's attorney subsequently appealed. In a July 7, 2014 progress note, the applicant reported persistent complaints of low back pain status post fusion and subsequent hardware removal. The applicant was pending scheduling of acupuncture, it was acknowledged. Limited lumbar range of motion was noted. Physical therapy is pending, it was acknowledged. The applicant did have comorbid diabetes. The applicant's work status was not stated. In an earlier note dated June 9, 2014, the applicant was described as having persistent complaints of low back pain. 12 sessions of physical therapy and 6 sessions of acupuncture were sought. Prilosec, Norflex, and Terocin were endorsed. It was stated in one section of the note that the applicant was "employed" while the attending provider then stated, somewhat incongruously, that he would "defer" any position on work status. In a January 13, 2014 progress note, additional strengthening and physical therapy were sought to facilitate the applicant's return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical therapy sessions for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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, in and of itself, represents treatment in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here. It is further noted that page 98 of the MTUS Chronic Pain Medical Treatment Guidelines notes that applicants are expected to continue self-directed home physical medicine as an extension of the treatment process in order to maintain improvement. In this case, all evidence points to the applicant having returned to work as a forklift operator following at least 23 prior sessions of physical therapy completed over the course of the claim. Additional treatment beyond the MTUS parameters does not appear to be indicated, given the applicant's seeming lack of significant impairment and already successful return to work. Therefore, the request is not medically necessary.