

Case Number:	CM14-0146617		
Date Assigned:	09/12/2014	Date of Injury:	03/11/2014
Decision Date:	11/06/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/09/2014

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 low back pain reportedly associated with an industrial injury of March 11, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; and work restrictions. In a Utilization Review Report dated August 15, 2014, the claims administrator denied a request for six sessions of physical therapy for the lumbar spine. The applicant's attorney subsequently appealed. On May 21, 2014, the applicant was given diagnosis of lumbar strain, was described as feeling somewhat better following earlier therapy. 12 additional sessions of physical therapy were sought. On June 17, 2014, the applicant was described as having had a normal lumbar MRI. Eight sessions of physical therapy were sought. An orthopedic spine surgery consultation was also ordered. On August 5, 2014, the applicant again presented with persistent complaints of low back pain. The applicant stated that his pain would recur with lifting articles weighing greater than 10 pounds. A rather proscriptive 10-pound lifting limitation was endorsed. Additional physical therapy was ordered.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of physical therapy 3 times a week for 2 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG), Treatment in Worker's Comp., online Edition Chapter: Low back (updated 7/3/14)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic Page(s): 99, 8. Decision based on Non-MTUS Citation MTUS 9792.20f.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 9 to 10 sessions of treatment for myalgias and myositis of various body parts, the diagnosis reportedly present here, this recommendation is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. In this case, however, a rather proscriptive 10-pound lifting limitation remains in place. The applicant has himself acknowledged that earlier physical therapy was not altogether successful. The applicant appears to have plateaued with earlier treatment in terms of the functional improvement measures established in MTUS. Therefore, the request is not medically necessary.