MAXIMUS Federal Services

Case Number:	CM14-0150653		
Date Assigned:	09/18/2014	Date of Injury:	10/22/2013
Decision Date:	11/10/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/16/2014

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 October 22, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; ten to eleven sessions of physical therapy in 2014, per the claims administrator; and reported return to regular duty work. In a Utilization Review Report dated September 3, 2014, the claims administrator denied a request for six sessions of physical therapy. The claims administrator cited the mis-numbered (page 130) of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's attorney subsequently appealed. In a June 13, 2014 progress note, the applicant apparently was described as working regular duty as a driver at [redacted]. The applicant was given refills of Naprosyn, Tizanidine, and Prilosec. The applicant was asked to follow up as needed.In an August 15, 2014 progress note, the applicant reported persistent complaints of low back pain. Six additional sessions of physical therapy were sought. The applicant was described as having full range of motion. The applicant was again returned to regular duty work while additional physical therapy treatment was sought. It was stated that additional treatment was being sought at the request of the treating therapist, to include modalities such as heat and ice.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 6 visits for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 130.

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

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 8 to 10 sessions of treatment for radiculitis, the diagnosis reportedly present here, this recommendation is qualified by commentary made on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that applicants are expected to continue with active therapies at home as an extension of the treatment process. In this case, the applicant has already achieved regular duty work status. The applicant was described on the August 15, 2014 office visit at issue as possessed of normal gait, normal range of motion, normal muscle bulk, normal muscle tone, etc. All information on file, thus, points to the applicant's being able to successfully transition to self-directed home therapy medicine, just as the applicant had already successfully returned to regular duty work. Therefore, the request for an additional formal course of six sessions of physical therapy for the lumbar spine is not medically necessary.