

Case Number:	CM14-0158127		
Date Assigned:	10/01/2014	Date of Injury:	08/24/2012
Decision Date:	12/04/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/26/2014

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 August 24, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; epidural steroid injection therapy; unspecified amounts of manipulative therapy, per the claims administrator; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 3, 2014, the claims administrator failed to approve a request for six sessions of physical therapy. The claims administrator suggested that the applicant had had at least six recent sessions of physical therapy. The applicant's attorney subsequently appealed. The applicant received an epidural steroid injection on July 28, 2014. In an August 18, 2014 progress note, the applicant reported ongoing complaints of low back pain. The applicant exhibited 5/5 lower extremity strength. The applicant was given a diagnosis of lumbar radiculopathy. Eight sessions of chiropractic manipulative therapy and regular duty work were endorsed. It was stated that the applicant could perform "regular activities." In a June 5, 2014 progress note, the applicant reported ongoing complaints of low back pain radiating into left leg. Oral Voltaren and a 20-pound lifting limitation were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times per week times 3 weeks to lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (updated 8/22/14), Physical therapy (PT) and Physical therapy Guidelines

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

Decision rationale: The six-session course of treatment proposed is compatible with 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. The applicant has responded favorably to earlier treatment as evinced by his successful return to work. The attending provider did indicate in several progress notes, referenced above, that the additional treatment was intended to facilitate strengthening and/or transition toward home exercise program. This is indicated, particularly in light of the fact that the request conforms to MTUS parameters. Accordingly, the request is medically necessary.