

Case Number:	CM14-0159278		
Date Assigned:	10/02/2014	Date of Injury:	01/08/2008
Decision Date:	12/04/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	09/29/2014

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 neck and low back pain reportedly associated with an industrial injury of January 8, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and unspecified amounts of acupuncture. In a Utilization Review Report dated September 22, 2014, the claims administrator denied a request for eight sessions of physical therapy and a physical therapy evaluation, stating that the attending provider's documentation was illegible. The applicant's attorney subsequently appealed. In the IMR application, the applicant and/or applicant's attorney stated that they were appealing the denial of eight sessions of physical therapy. In a progress note dated March 12, 2014, it was acknowledged that the applicant had retired. The applicant had ongoing complaints of neck and low back pain with an associated limp. The applicant was asked to follow up on an as-needed basis. In a September 10, 2014 progress note, the applicant reported ongoing complaints of low back radiating to the bilateral lower extremities. The applicant reported issues with stiffness and difficulty ambulating. Vicodin, Vimovo, and additional physical therapy were endorsed to combat the applicant's reported acute flare in low back pain. The applicant was 67 years old, it was incidentally noted, as of the date of the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

physical therapy 2x4 Cervical and Lumbar: Overturned

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): 99.

Decision rationale: The eight-session course of treatment proposed here 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 information on file suggested that the applicant has sustained an acute flare of neck and low back pain. Given the applicant's age (67), the eight-session course of physical therapy proposed would be helpful in ameliorating the recent flare in symptoms. Therefore, the request is medically necessary.