

Case Number:	CM14-0162378		
Date Assigned:	10/07/2014	Date of Injury:	08/12/2013
Decision Date:	11/26/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	10/02/2014

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 [REDACTED] employee who has filed a claim for mid and low back pain reportedly associated with an industrial injury of August 15, 2013. Thus far, the applicant has been treated with the following: Analgesic medications and reported return to regular duty work. In a Utilization Review Report dated August 25, 2014, the claims administrator denied a request for eight sessions of physical therapy. Both MTUS and non-MTUS Guidelines were invoked. The claims administrator stated that there was no objective demonstration of functional improvement with earlier treatment but seemingly failed to acknowledge the applicant's successful return to and maintenance of regular duty work status. The applicant subsequently appealed. In an August 15, 2014 progress note, the applicant reported a flare of low back pain, rated at 6-9/10. The applicant was working full time as a waiter, it was acknowledged, but was having difficulty performing prolonged standing and walking. Tenderness and painful range of motion about the lumbar spine were appreciated. Eight sessions of physical therapy were sought while the applicant was returned to regular duty work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two times a week for four weeks for the Lumbar Spine: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 consistent 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, it is further noted demonstrated functional improvement with earlier treatment as evinced by his successful return to and maintenance of full-time work status as a waiter. Pursuit of additional physical therapy is indicated, given the recent flare in symptomatology. Therefore, the request is medically necessary.