

Case Number:	CM14-0169471		
Date Assigned:	10/17/2014	Date of Injury:	07/06/2000
Decision Date:	12/04/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/14/2014

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 industrial injury of July 10, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; at least 24 sessions of prior physical therapy, per claims administrator; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated September 26, 2014, the claims administrator failed to approve a request for 12 sessions of physical therapy. In a September 3, 2014 progress note, the applicant reported ongoing complaints of low back pain. The applicant stated that pain was exacerbated by activities such as lifting. It was stated that the applicant could lift articles weighing up to 25 pounds. Additional physical therapy was sought. It was suggested that the additional physical therapy could facilitate the applicant's return to work, implying that the applicant was not presently working. No medical progress notes were on file; the remainder of the progress notes on file compromised entirely of earlier physical therapy progress note. In a Utilization Review Report dated September 26, 2014, the claims administrator failed to approve a request for 12 sessions of physical therapy. The applicant's attorney subsequently appealed. In a September 3, 2014 progress note, the applicant reported ongoing complaints of low back pain. The applicant stated that pain was exacerbated by activities such as lifting. It was stated that the applicant could lift articles weighing up to 25 pounds. Additional physical therapy was sought. It was suggested that the additional physical therapy could facilitate the applicant's return to work, implying that the applicant was not presently working. No medical progress notes were on file; the remainder of the progress notes on file compromised entirely of earlier physical therapy progress note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 1 x 12 to the low back: Upheld

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 12 sessions of physical therapy proposed, in and of itself, represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgia's and myositis of various body parts, the diagnosis reportedly present here. No compelling rationale was made for further treatment in excess of the MTUS parameters. The fact that the applicant remains off of work despite having had extensive prior physical therapy already in excess of MTUS parameters suggests a lack of functional improvement as defined in MTUS 9792.20f with earlier treatment. Therefore, the request is not medically necessary.