

Case Number:	CM14-0176092		
Date Assigned:	10/29/2014	Date of Injury:	05/31/2007
Decision Date:	12/05/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/23/2014

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 May 31, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated September 29, 2014, the claims administrator failed to approve a request for 12 sessions of physical therapy. Non-MTUS ODG Guidelines were apparently invoked in the denial. The applicant's attorney subsequently appealed. In a progress note dated February 11, 2014, it was stated that the applicant was working without restrictions, despite ongoing complaints of neck and low back pain, 4/10 with medications versus 8/10 without medications. On January 20, 2014, the applicant received lumbar radiofrequency rhizotomy procedures. In a December 29, 2013 progress note, the applicant was asked to pursue lumbar rhizotomy procedures for ongoing complaints of low back pain. The applicant was using Norco on a p.r.n. basis. The applicant was asked to return to regular duty work. The remainder of the file was surveyed. Several handwritten physical therapy progress notes dated in September and October 2013 were noted; however, the September 23, 2014 progress note on which the Request for Authorization (RFA) was initiated was seemingly not incorporated into the Independent Medical Review packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (12 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines

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

Decision rationale: The 12-session course of treatment proposed represents treatment in excess of the 8 - 10 session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here. It is further noted that page 98 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies this recommendation by noting that applicants are expected to continue active therapies at home as an extension of the treatment process. Here, the applicant had seemingly returned to and maintained regular duty work status as of mid to late 2013. The applicant should, thus, be likewise capable of transitioning to self-directed home physical medicine without the need for the lengthy formal course of physical therapy proposed here. It is acknowledged that the September 23, 2014 progress note on which the request for authorization was initiated was seemingly not incorporated into the Independent Medical Review packet, the information which is on file fails to support or substantiate the request. Therefore, the request is not medically necessary.