

Case Number:	CM14-0177730		
Date Assigned:	10/31/2014	Date of Injury:	11/02/2007
Decision Date:	12/10/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/27/2014

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 November 2, 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 course of the claim. In a Utilization Review Report dated October 10, 2014, the claims administrator approved a lumbar epidural steroid injection while denying 8 to 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 has stated that he bent to retrieve an article lying on the ground and developed some associated muscle spasms. The applicant was given Vicodin, Flexeril, and a shot of Toradol for an acute flare of pain. The applicant stated that he did not need any formal work restrictions. The applicant was asked to continue home exercise and follow up on an as-needed basis. In a handwritten note dated September 10, 2014, the applicant again reported low back pain radiating to the left leg. The applicant was given diagnosis of lumbar radiculopathy and returned to regular duty work. Physical therapy, pain medications, and Naprosyn were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy one to two times per week for four to six weeks (1-2 x 4-6): 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 Page(s): 98-99.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse a general course of 8 to 10 sessions of treatment for radiculitis, the diagnosis reportedly present here, this recommendation, however, is qualified by commentary made on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that the applicants are expected to continue active therapies at home as an extension of the treatment process. Here, the applicant has reportedly returned to regular duty work. The attending provider wrote on or around the date in question that the applicant did not need any formal limitations, despite a flare in low back pain. It was also suggested that the applicant was actively performing home exercises, obviating the need for the lengthy formal course of physical therapy proposed here. Therefore, the request is not medically necessary.