

Case Number:	CM14-0185450		
Date Assigned:	11/13/2014	Date of Injury:	10/10/2013
Decision Date:	12/30/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	11/06/2014

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 October 10, 2013. In a Utilization Review Report dated October 6, 2014, the claims administrator denied a request for six sessions of physical therapy, stating that the applicant had not made substantive gains with earlier treatment. The applicant's attorney subsequently appealed. In a November 5, 2014 progress note, the applicant reported ongoing complaints of low back pain which she attributed to a tactical training course. Radiation of pain to left leg was reported. The attending provider posited that the applicant had benefitted from an earlier epidural steroid injection. Motrin was refilled. Six sessions acupuncture were sought. In an earlier note dated October 1, 2014, the applicant reported 3-5/10 low back pain radiating to the legs, exacerbated by lifting and bending. The attending provider posited that physical therapy had mildly helped. This particular note stated that the applicant was not working and was receiving Workers' Compensation indemnity benefits. The applicant was reportedly using naproxen. The applicant was asked to pursue a second epidural steroid injection and pursue additional physical therapy. Somewhat incongruously, the bottom of the report stated that the applicant had "in fact gone back to work." The note, thus, was internally inconsistent with some sections of the note stating that the applicant was working while other sections of the note stated that the applicant was not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 physical therapy visits to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic. Functional Restoration Approach to Chronic Pain Management section..

Decision rationale: While the six-session course of treatment proposed 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, this recommendation, however, is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the attending provider's reporting of the applicant's work status was internally inconsistent. Some portions of the progress note on which additional physical therapy was requested suggested that the applicant was off of work, receiving Workers' Compensation indemnity benefits, while other portions of the same note suggested that the applicant was, in fact, working. This incongruity makes it difficult to establish the presence or absence of functional improvement as defined in MTUS 9792.20f with earlier physical therapy treatment. Therefore, the request for additional physical therapy is not medically necessary.