

Case Number:	CM14-0040369		
Date Assigned:	06/27/2014	Date of Injury:	10/31/2013
Decision Date:	09/05/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/10/2014

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 and left thigh pain reportedly associated with an industrial injury of October 31, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; topical applications of heat and cold; and extensive periods of time off of work. In a Utilization Review Report dated February 24, 2014, the claims administrator partially certified a request for 12 sessions of physical therapy as six sessions of physical therapy. The applicant's attorney subsequently appealed. In a January 16, 2014 progress note, the applicant had transferred care to a new primary treating provider. It was acknowledged that the applicant was not working. The applicant reported 6-8/10 low back pain radiating to the left leg. The applicant exhibited an uneven gait and also had derivative complaints of stress and anxiety. The applicant was using Tenormin, Aleve, Benadryl, and Afrin, it was stated. A 12-session course of physical therapy, Naprosyn, cyclobenzaprine, MRI imaging, and electrodiagnostic testing of the bilateral lower extremities were sought while the applicant was placed off of work, on total temporary disability. It does appear that physical therapy was ordered by the applicant's treating provider via an earlier note dated November 26, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 6 weeks for left lower extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 1. MTUS page 99, Physical Medicine topic.2. MTUS 9792.20f Page(s): 99.

Decision rationale: The 12-session course of treatment, in and of itself, represents treatment in excess of 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. No rationale for treatment in excess of the MTUS parameters has been provided. It is further noted that the applicant's pursuit of MRI imaging and electrodiagnostic testing, coupled with the fact that the applicant is off of work, on total temporary disability, suggests a lack of functional improvement as defined in MTUS 9792.20f with earlier conservative treatment, including earlier physical therapy. For all of the stated reasons, then, the request is not medically necessary.