

Case Number:	CM14-0040808		
Date Assigned:	06/27/2014	Date of Injury:	05/31/2009
Decision Date:	09/18/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/07/2014

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 and muscle spasms associated with an industrial injury of May 31, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy over the life of the claim; and reported return to regular duty work, per the claims administrator. In a Utilization Review Report dated March 12, 2014, the claims administrator denied a request for six sessions of physical therapy, stating that there is no indication that prior treatment had been completed with some benefit. Somewhat incongruously, the claims administrator then reported that the applicant had returned to regular duty work. The applicant subsequently appealed. In a progress note dated March 3, 2014, the applicant was described as having persistent complaints of pain as high as 8/10. The applicant was employing Naprosyn and tramadol. The applicant was working regular duty. A slow gait with reduced range of motion was noted. A six-session course of physical therapy was sought while Naprosyn and Tramadol were renewed. In an earlier note dated March 10, 2014, the applicant apparently presented with an exacerbation of pain. Muscle spasms are reported. It was again stated that physical therapy is being sought for the purposes of transitioning the applicant to a home exercise program. The applicant was apparently returned to regular duty work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy on the lumbar spine 2 times per week for 3 weeks: Overturned

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): 99.

Decision rationale: The six-session course of treatment proposed does conform to 9 to 10 sessions course recommend on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the issue reportedly present here. In this case, the applicant has had prior unspecified amounts of physical therapy over the claim. It has not been stated how much prior treatment the applicant had during the chronic pain phase of the claim. The information on file suggested that the applicant had recent flare in and/or exacerbation of low back pain symptoms. The six-session course of treatment then, was/is, indicated to facilitate the applicant's transition to home exercise program. The applicant has demonstrated functional improvement with earlier treatment as evinced by his already successful return to regular duty work. Therefore, the request is medically necessary.