

Case Number:	CM14-0044502		
Date Assigned:	07/02/2014	Date of Injury:	10/10/2012
Decision Date:	12/03/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/11/2014

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 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 cumulative trauma at work first claimed on October 10, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; at least 16 prior sessions of physical therapy, per the claims administrator; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a Utilization Review Report dated March 27, 2014, the claims administrator denied a request for eight sessions of physical therapy. The applicant's attorney subsequently appealed. In an October 24, 2013 progress note, the applicant reported ongoing complaints of low back pain. The applicant was reportedly pending epidural steroid injection therapy. Naproxen, Flexeril, and omeprazole were endorsed while the applicant was kept off of work. In a handwritten note dated March 11, 2014, the applicant again reported 6-7/10 low back pain. Eight sessions of physical therapy were endorsed. MRI imaging of the lumbar spine was sought. The applicant was given a rather proscriptive 30-pound lifting limitation, although it did not appear that the applicant was working with said limitation in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2xwk x 4wks Lower Back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99; 8.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse a general course of 8-10 sessions of treatment 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. In this case, the applicant appears to be off of work, on total temporary disability, despite having had 16 prior sessions of physical therapy over the course of the claim. The applicant remains dependent on various and sundry medications including Norco and Flexeril. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request is not medically necessary.