

Case Number:	CM14-0068310		
Date Assigned:	07/14/2014	Date of Injury:	01/22/2014
Decision Date:	09/12/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/13/2014

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 low back pain reportedly associated with an industrial injury of January 22, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; twenty four sessions of physical therapy, per the claims administrator; attorney representations; an H-Wave device; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated May 7, 2014, the claims administrator denied a request for additional physical therapy to the lumbar spine, citing non-MTUS ODG guidelines. The claims administrator stated that the applicant had already received 24 sessions of treatment to date. The applicant's attorney subsequently appealed. In a May 1, 2014 progress note, the applicant presented with 5/10 low back pain, axial in nature, interfering with sleep. The applicant was using Tylenol and a muscle relaxant. The applicant was placed off of work, on total temporary disability. Motrin, acupuncture, and physical therapy were ordered. It was stated that an SI (sacroiliac) joint injection and/or epidural could also be considered if further physical therapy proved unsuccessful. In an earlier note dated April 7, 2014, the applicant was again placed off of work, on total temporary disability. On March 27, 2014, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of low back pain. Twelve sessions of physical therapy were ordered at that point.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy to the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The applicant has already had prior treatment (24 sessions), seemingly well 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 present here. It is further noted that page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there must be some demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, however, the fact that the applicant is off of work, on total temporary disability, and remains dependent on medications such as Motrin, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite completion of 24 earlier sessions of physical therapy. Therefore, the request is not medically necessary.