

Case Number:	CM14-0070361		
Date Assigned:	07/14/2014	Date of Injury:	10/03/2012
Decision Date:	10/02/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/15/2014

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 3, 2012. Thus far, the applicant has been treated with the following: Analgesic medications, attorney representation, unspecified amounts of chiropractic manipulative therapy, and 22 to 24 sessions of physical therapy, per the claims administrator. In a Utilization Review Report dated April 14, 2014, the claims administrator partially certified a request for eight sessions of physical therapy as two sessions of the same. The applicant's attorney subsequently appealed. In a progress note dated December 23, 2013, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of low back pain. The applicant was given topical compounded medications, and oral Gabapentin. Eight sessions of physical therapy were endorsed at that point in time. Urine drug screen was also sought. On March 3, 2014, the applicant was again placed off of work, on total temporary disability, owing to ongoing complaints of low back pain, 5-8/10. An additional eight-session course of physical therapy, Theramine, Gabapentin, and topical compounded medications were prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2 x 4 Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The applicant has already had prior treatment (22 to 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 reportedly 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 applicant is off of work, on total temporary disability. The applicant remains highly reliant and highly dependent on various forms of medical treatment, including opioid agents, dietary supplements, topical compounds, etc. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS despite earlier physical therapy already in excess of MTUS parameters. Therefore, the request is not medically necessary.