

Case Number:	CM14-0072911		
Date Assigned:	07/16/2014	Date of Injury:	02/08/2014
Decision Date:	09/22/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/19/2014

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 Occupation 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 February 8, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the course of the claim. In a Utilization Review Report dated May 13, 2014, the claims administrator denied a request for 12 sessions of physical therapy and also denied a request for unspecified medications. The claims administrator stated that the attending provider had not documented how much prior physical therapy treatment had transpired. The applicant's attorney subsequently appealed. In a progress note dated April 13, 2014, somewhat sparse, the applicant presented with persistent complaints of neck and low back pain. Spasm and limited range of motion were noted about the cervical and lumbar spines. The applicant was neurologically intact, it was stated. MRI imaging of the cervical spine and lumbar spine were sought while the applicant was placed off of work, on total temporary disability, for 45 days. Additional physical therapy was sought. No clear treatment goals were outlined. A multimodality electrical therapy device was also endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 12 visits Lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): 48; 299.

Decision rationale: The 12-session course of treatment proposed on April 30, 2014 represents treatment well in excess of the one- to two-session course recommended in the MTUS-Adopted ACOEM Guidelines in Chapter 12, Table 12-5, page 299, for education, counseling, and evaluation of home exercise transition purposes. No rationale for treatment so far in excess of MTUS parameters was proffered by the attending provider. It is further noted that the MTUS Guideline in ACOEM Chapter 3, page 48, notes that the value of physical therapy increases with a clear description of a lesion causing an applicant's symptoms as well as a physical therapy prescription which "clearly states treatment goals." In this case, however, the attending provider failed to clearly outline treatment goals. It was not clearly stated why additional physical therapy treatment was being sought when the applicant had failed to improve with earlier treatment. As noted above, the applicant remained off of work, on total temporary disability, as of the date the request for 12 additional sessions of physical therapy were sought, suggesting a lack of functional improvement as defined in MTUS 9792.20f with prior treatment. For all of the stated reasons, the request is not medically necessary.

Medication Not Specified: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 3, page 48, it is incumbent upon the prescribing provider to incorporate some discussion of the "efficacy of medications" into his choice of recommendations. In this case, the attending provider did not, however, clearly state whether or not the medication in question had proven effective, whether or not the unspecified medication represented a first-time request or renewal request, and/or what the name and dosage of the drug in question were. Therefore, the request is not medically necessary.