MAXIMUS Federal Services

Case Number:	CM14-0015230		
Date Assigned:	02/28/2014	Date of Injury:	08/19/2013
Decision Date:	02/09/2015	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	02/06/2014

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 August 19, 2013.In a Utilization Review Report dated January 9, 2014, the claims administrator failed to approve a request for eight sessions of physical therapy for the lumbar spine, noting that the applicant has had eight prior sessions. The claims administrator's decision was based MTUS Guidelines, but did not cite which guideline it was invoking, noting to incorporated said guidelines into its rationale. The claims administrator stated that its decision was based on an RFA form received on January 7, 2014. The claims administrator did not, however, summarized the progress note.The applicant's attorney subsequently appealed.On June 2, 2014, the applicant reported persistent complaints of low back pain. The applicant had completed six sessions of acupuncture, it was stated. The applicant had reported some temporary relief. The applicant was not performing home exercises, but stated that he was studying civil engineering. The applicant stated that he had quit smoking. It did not appear that the applicant was working. A rather proscriptive 10-pound lifting limitation was endorsed.On May 14, 2014, the applicant received an acupuncture treatment.The applicant had received physical therapy at various points in 2013, including as recently as November 21, 2013. This appeared to represent the applicant's 7th or 8th session of physical therapy through that particular course, the treating therapist acknowledged. An additional eight sessions of physical therapy were sought. The applicant was described as "disabled."In an earlier note dated January 2, 2014, the applicant was placed off of work, on total temporary disability despite having completed eight recent sessions of physical therapy. The applicant stated that he was unable to do much in the way of physical activity. The applicant was using Relafen and Vyvanse, he acknowledged. Eight additional sessions of physical therapy were sought for the applicant's low back pain complaints radiating to the left leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Management, Physical Medicine Page(s): 8, 99.

Decision rationale: The applicant has already had prior treatment in 2013 alone (at eight sessions), seemingly compatible with 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here. The applicant had seemingly failed to profit from earlier treatment. The applicant was still off of work, on total temporary disability, as of the January 6, 2014 progress note, referenced above. The applicant was not performing home exercises, it was noted on several other progress notes, referenced above. The applicant was still dependent on medications such as Relafen and Vyvanse. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite completion of earlier physical therapy in unspecified amounts over the course of the claim. The applicant was still dependent on analgesic medications such as Relafen. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite completion of earlier therapy in 2013 alone already consistent with MTUS parameters. Therefore, the request for additional physical therapy is not medically necessary.