

Case Number:	CM14-0187339		
Date Assigned:	11/17/2014	Date of Injury:	05/29/2013
Decision Date:	01/20/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/10/2014

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 May 29, 2013. In a Utilization Review Report dated October 31, 2014, the claims administrator failed to approve a request for six sessions of physical therapy and eight sessions of work conditioning. The claims administrator posited that the applicant was working full time modified duty as of April 1, 2014, was working full time full duty work as of September 20, 2014, and had completed 10 sessions of conventional physical therapy in 2014 alone. The claims administrator also stated that the applicant had completed 40 sessions of work hardening at an unspecified point in time and also stated that the applicant had plateaued with earlier treatment. The report was some 10 to 12 pages long and was somewhat difficult to follow, it is acknowledged, however. A September 26, 2014 progress note was referenced. The applicant's attorney subsequently appealed. In a progress note dated September 26, 2014, the applicant reported ongoing complaints of low back pain, exacerbated by heavy lifting, 7-8/10. The applicant was on Motrin for pain relief. It was stated that the applicant was working full time with restrictions in place. The applicant was not receiving Workers' Compensation indemnity benefits, it was stated. An additional six sessions of therapy was sought for a reported flare in pain. The applicant was asked to remain on modified duty work in the interim. At the top of the report, however, it was stated that the applicant felt that he could not go back to work on the grounds that his pain was too severe. A 20-pound lifting limitation was endorsed. It was not clear whether the applicant's employer was or was not able to combat the said limitation. In a September 25, 2014 progress note, the applicant reported 6-7/10 low back pain. The applicant was "not tolerating modified duty," it was stated. The attending provider stated that he considered the applicant's recent flare and complaints as representing an exacerbation of the

underlying issue. The applicant was apparently returned to regular duty work it was stated in a work status report of this date. On September 8, 2014, the applicant reported ongoing complaints of low back pain. The applicant was working 40 hours a week. The applicant was doing light duty work which involved working on countertops. The applicant acknowledged that his symptoms fluctuated. The applicant was given a more permissive 30-pound lifting limitation on this occasion. On August 7, 2014, the attending provider acknowledged that the applicant was working but went on to reiterate his request for participation in a work hardening program. A 30-pound lifting limitation was endorsed. The applicant was working on full time basis with restrictions in place, the attending provider noted. On July 2, 2014, the attending provider acknowledged that there was no real change in the applicant's ongoing symptomatology and the applicant's symptoms intended to wax and wane from time to time and that the applicant was working with a rather permissive 30-pound lifting limitation in place. Work conditioning was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for low back 2 x 3: Overturned

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 topic Page(s): 99.

Decision rationale: The six-session course of therapy is compatible with the 8- to 10-session course endorsed on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnosis reportedly present here. The applicant was described as having experienced a flare in low back pain symptoms on or around the date of the request, September 26, 2014. The flare and symptomatology was significant and resulting in the attending provider's temporarily tightening the applicant's work restrictions. A short course of physical therapy was/is indicated to combat the applicant's acute flare in symptoms evinced on or around the date of the request, September 26, 2014. The applicant, it is further noted, had responded favorably to earlier physical therapy treatment as evinced by his already-successful return to full time modified duty work. Therefore, the request is medically necessary.

Work conditioning program 2 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening topic Page(s): 125.

Decision rationale: While page 125 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that work conditioning and/or work hardening are recommended as options in applicants with functional limitations precluding the ability to safely achieve current job demands, page 125 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies this recommendation by noting that applicants who enroll in work conditioning and/or work hardening should include individuals who are not likely to benefit from continued physical or occupational therapy. In this case, the attending provider's concomitant request for conventional physical therapy implied that he did believe that the applicant could continue to improve with conventional physical therapy. It is further noted that the attending provider has not clearly outlined what specific job duties and/or job demands the applicant is incapable of performing and/or why a formal work conditioning program was or is indicated here. It was not clearly stated, for example, why the applicant could not in fact return to full time unrestricted work in the context of slowly increasing job tasks and/or job duties while on the job. Therefore, the request is not medically necessary.