

Case Number:	CM14-0196739		
Date Assigned:	12/04/2014	Date of Injury:	07/02/2014
Decision Date:	01/22/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/24/2014

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 has filed a claim for low back pain reportedly associated with an industrial injury of July 2, 2014. In a Utilization Review Report dated November 10, 2014, the claims administrator denied a request a 12 sessions of physical therapy, stating that the attending provider failed to recount the applicant's response to previously ordered physical therapy on September 5, 2014. The claims administrator alluded to an RFA form dated October 29, 2014 in its denial. The applicant's attorney subsequently appealed. The bulk of the information incorporated into independent medical review packet, however, compromised of the applicant's personal health records as opposed to her industrial health records. A variety of information provided, including historical hospital admissions dating back to 2011. In a Doctor's First Report (DFR) dated September 5, 2014, the applicant transferred care to a new primary treating provider (PTP) apparently at the behest of her attorney. The applicant had received six sessions of physical therapy through this point in time; it was acknowledged and had last attended physical therapy on September 3, 2014. The applicant was placed off of work, on total temporary disability, for four to six weeks, and asked to pursue an additional eight-session course of physical therapy for the low back, neck, and ankle as of this point in time. The applicant was asked to obtain the result of diagnostic testing apparently ordered by a prior provider. Medication efficacy was not discussed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three times a week for four weeks for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

Decision rationale: The applicant has already had prior treatment (somewhere between 6 and 14 treatments) through multiple treating providers and multiple therapists to date, seemingly well in excess of the one to two visits 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. The applicant has, however, seemingly failed to respond favorably to the earlier treatment. The applicant was placed off of work, on total temporary disability, for six to eight weeks as of the September 5, 2014, Doctor's First Report (DFR), referenced above, suggesting a lack of functional improvement as defined in MTUS 9792.20f with earlier treatment. Therefore, the request for additional physical therapy is not medically necessary.