

Case Number:	CM14-0205185		
Date Assigned:	12/12/2014	Date of Injury:	01/21/2014
Decision Date:	02/09/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/08/2014

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 January 21, 2015. In a Utilization Review Report dated November 14, 2014, the claims administrator failed to approve a request for 12 sessions of physical therapy for the lumbar spine. Non-MTUS ODG Guidelines were invoked in conjunction with MTUS Guidelines. An October 27, 2014 progress note and associated RFA form of October 28, 2014 were referenced. The claims administrator did not clearly state how much prior physical therapy the applicant had or had not had but stated that the applicant's response to earlier therapy in February 2014 was not documented and based its denial on the same. In a November 21, 2014 consultation, the applicant reported persistent complaints of low back pain, 8/10. The applicant was using Motrin for pain relief, it was stated. Physical therapy was endorsed. It was stated that the applicant had had at least six sessions of physical therapy in February 2014. The applicant was described as having an industrial aggravation of lumbar spondylolysis. The attending provider suggested that the applicant was working with limitations in place. In an August 6, 2014 progress note, the applicant reported persistent complaints of low back pain. The applicant was given a rather permissive 35-pound lifting limitation. The applicant was currently working and using Relafen for pain relief. Prolonged sitting and standing were somewhat problematic, the attending provider contended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times week times six weeks, lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation ODG, Low Back

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

Decision rationale: Yes, the request for 12 sessions of physical therapy for the lumbar spine is medically necessary, medically appropriate, and indicated here. While the approval does represent extension of treatment slightly beyond the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, in this case, the applicant's job duties as an order selector at [REDACTED] include lifting cases weighing up to 100 pounds several times a day. The applicant's job duties, job demands, and issues with symptomatic spondylolisthesis, thus, do compel additional treatment slightly beyond the guideline, particularly in light of the fact that the applicant has, quite clearly, demonstrated functional improvement as defined in MTUS 9792.20f as evinced by his successful return to full-time work with the rather permissive 35-pound lifting limitation in place. Additional treatment is indicated to facilitate the applicant's return to regular duty work. Therefore, the request was/is medically necessary.