

Case Number:	CM14-0208147		
Date Assigned:	12/22/2014	Date of Injury:	09/11/2014
Decision Date:	02/18/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 September 11, 2014. In a Utilization Review Report dated November 21, 2014, the claims administrator denied a request for eight sessions of physical therapy, denied an interferential unit, approved electrodiagnostic testing of the lower extremities, approved a lumbar MRI, denied an initial physician consultation for pain management purposes. The requesting provider, it is incidentally noted, was a chiropractor (DC). The claims administrator referenced progress notes of October 3, 2014 and November 14, 2014 in its determination. The applicant's attorney subsequently appealed. In a progress note dated November 14, 2014, the applicant reported constant, severe low back pain, 8/10, exacerbated by bending, sitting, standing, and walking. Lumbar MRI imaging, electrodiagnostic testing of lower extremities, referral to a physician for medication management purposes, and eight sessions of physical therapy were endorsed while the applicant was kept off of work, on total temporary disability. An interferential unit 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 2 x 4 for the low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): TABLE 12-5, PAGE 299.

Decision rationale: 1. No, the request for eight sessions of physical therapy for low back was not medically necessary, medically appropriate, or indicated here. The eight-session course of therapy proposed, in and of itself, represents treatment well in excess of the one to two visits endorsed in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-5, page 299 for education, counseling, and evaluation of home exercise transition purposes. It is further noted that the applicant had already had unspecified amounts of physical therapy through this point in time and had, furthermore, failed to respond favorably to the same. The fact that the applicant remained off of work, on total temporary disability, despite having completed earlier unspecified amounts of physical therapy suggested a lack of functional improvement as defined in MTUS 9792.20f.

Interferential unit for low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: 2. Similarly, the proposed interferential unit for the lumbar spine was likewise not medically necessary, medically appropriate, or indicated. As noted in the MTUS Guideline in ACOEM Chapter 12, page 300, insufficient evidence exists to determine the effect of sympathetic therapy (AKA interferential therapy). The attending provider did not furnish any compelling applicant-specific rationale or narrative commentary which would offset the tepid-to-unfavorable ACOEM position on the article at issue. Therefore, the request was not medically necessary.

Initial M.D. consultation for pain medications and urine screen: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: 3. Finally, the proposed initial MD (physician) consultation for pain medications was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 92, referrals may be appropriate when an attending provider is uncomfortable with treating a particular cause of delayed recovery. Here, the requesting provider, a chiropractor, noted that he was unable to prescribe the applicant with

analgesic medications. Obtaining the added expertise of a physician (MD) who was/is licensed to prescribe analgesic medications, thus, was indicated here. Therefore, the request was medically necessary.