

Case Number:	CM15-0045233		
Date Assigned:	03/17/2015	Date of Injury:	08/16/2013
Decision Date:	04/23/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/10/2015

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, New York, 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] beneficiary who has filed a claim for low back pain reportedly associated with an industrial injury of August 16, 2013. In a Utilization Review Report dated February 24, 2015, the claims administrator failed to approve a request for eight sessions of physical therapy for the lumbar spine. The claims administrator referenced an RFA form received on February 17, 2015 in its determination. The applicant's attorney subsequently appealed. In a progress note dated December 19, 2014, the applicant reported ongoing complaints of mid and low back pain. The applicant was asked to diet, exercise, and pursue both physical and chiropractic manipulative therapy. The applicant's work status was not clearly outlined. In an earlier physical therapy progress note dated November 1, 2013 suggested the applicant had received 12 sessions of physical therapy through that point in time. In a March 12, 2015 RFA form, physical therapy and lumbar MRI imaging were endorsed. An associated progress note of the same date, March 12, 2015, the applicant reported persistent complaints of low back pain. The applicant was reportedly working with a 5-pound lifting limitation in place, it was suggested in one section of the note. 5/5 lower extremity strength was appreciated. The applicant stated that the applicant had not had physical therapy since 2013. The applicant did exhibit an antalgic gait.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy to the lumbar spine eight (8): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

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

Decision rationale: Yes, the request for eight sessions of physical therapy was medically necessary, medically appropriate, and indicated here. The eight-session course of treatment proposed was consistently 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 attending provider seemingly suggested that the applicant had developed an acute flare in pain on around the date in question and was having heightened radicular complaints. The attending provider suggested that the applicant had responded favorably to early treatment as evinced by her successful return to work following completion of earlier physical therapy in 2013. Additional treatment, thus, was indicated on around the date in question. Therefore, the request was medically necessary.