

Case Number:	CM14-0111383		
Date Assigned:	08/01/2014	Date of Injury:	02/21/2013
Decision Date:	12/04/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/16/2014

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 low back pain reportedly associated with an industrial injury of February 21, 2013. Thus far, the applicant has been treated with analgesic medications; transfer of care to and from various providers in various specialties; and at least six recent sessions of physical therapy, per the claims administrator. In a Utilization Review Report dated July 1, 2014, the claims administrator partially approved a request for 12 sessions of physical therapy as four sessions of the same. The applicant's attorney subsequently appealed. In a December 23, 2013 progress note, it was acknowledged that the applicant had ongoing complaints of knee and low back pain but was nevertheless working regular duty at work despite ongoing pain complaints. In a June 23, 2014 progress note, the applicant reported heightened complaints of low back and bilateral knee pain, 9/10. An additional 12 sessions of physical therapy were endorsed while the applicant was kept off of work, on total temporary disability. The applicant was given prescriptions for Norco, Voltaren, and Norflex. In a June 13, 2014 orthopedic evaluation, the applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities. The attending provider noted that the applicant had a 4-mm disk protrusion at L4-L5. Additional physical therapy was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (12-sessions for the Lumbar Spine): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99, 8.

Decision rationale: The 12-session course of treatment proposed, in and of itself represents treatment in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here. It is further noted that this recommendation is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. In this case, however, the applicant is off of work, on total temporary disability. The applicant remains dependent on a variety of analgesic medications, including Diclofenac, Norflex, Norco, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for additional physical therapy is not medically necessary.