

Case Number:	CM14-0116455		
Date Assigned:	08/04/2014	Date of Injury:	02/04/2010
Decision Date:	10/16/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/23/2014

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 patient is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 4, 2010. Thus far, the patient has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; muscle relaxants; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated July 3, 2014, the claims administrator denied a request for eight sessions of physical therapy. In an earlier physical therapy progress note dated June 11, 2014, the patient was described as having six sessions of physical therapy through this particular course of treatment. 4-10/10 pain was appreciated. It was stated that the patient was working from home as a day trader at this point. It was stated that the patient was very compliant with his home exercise program. The treating therapist nevertheless went on to endorse eight additional sessions of physical therapy. In a medical progress note dated June 3, 2014, the patient was described as using Tramadol, Flexeril, and Skelaxin for ongoing complaints of low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 Times a Week for 4 Weeks for Lumbar Spine: Upheld

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

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

Decision rationale: As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants are expected to continue with active therapies at home as an extension of the treatment process. In this case, as acknowledged by the applicant and treating therapist, the applicant is compliant with a home exercise program. The applicant has apparently returned to regular work as a self-employed day trader. The applicant should, thus, be likewise capable of continuing treatment at home via self-directed home physical medicine. Therefore, the request for eight additional sessions of formal physical therapy is not medically necessary.