

Case Number:	CM14-0116544		
Date Assigned:	08/04/2014	Date of Injury:	08/12/2012
Decision Date:	10/16/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/22/2014

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 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 August 12, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the life of the claim; electrodiagnostic testing of the bilateral lower extremities of March 5, 2014, notable for a subacute to subchronic L5-S1 radiculopathy; and extensive periods of time off of work. In a Utilization Review Report dated June 17, 2014, the claims administrator denied a request for 12 sessions of chiropractic manipulative therapy for the lumbar spine. The applicant's attorney subsequently appealed. In his appeal letter dated July 22, 2014 and the associated application for Independent Medical Review dated July 21, 2014, the applicant's attorney wrote that he was appealing "12 physical therapy visits." In a May 29, 2014 progress note, the applicant reported persistent complaints of low back pain radiating to the right leg. The applicant was placed off of work, on total temporary disability. The applicant was asked to continue physical therapy and chiropractic manipulative therapy twice a week for six weeks while remaining off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 PHYSICAL THERAPY VISITS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

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

Decision rationale: The 12-session course of physical therapy 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. No rationale for further treatment in excess of the MTUS parameters was proffered. It is further noted that page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. In this case, the applicant is off of work, on total temporary disability, suggesting a lack of functional improvement as defined in MTUS 9792.20f despite completion of earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for additional Physical Therapy are not medically necessary.