MAXIMUS Federal Services

Case Number:	CM14-0143088		
Date Assigned:	09/10/2014	Date of Injury:	09/05/2013
Decision Date:	11/13/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/04/2014

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 chronic neck and low back pain reportedly associated with an industrial injury of September 5, 2013.Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier lumbar radiofrequency ablation procedures; and reported return to work.In a Utilization Review Report dated August 19, 2014, the claims administrator denied a request for eight sessions of physical therapy.The applicant's attorney subsequently appealed.In a May 1, 2014 progress note, the applicant reported pain complaints as high as 8-9/10 without medications. It was stated that the applicant was "working full time, full duty work despite her various pain complaints." Norco and Celebrex were refilled.On June 3, 2014, the applicant reported persistent complaints of low back and leg pain with ancillary complaints of neck pain. The applicant was again asked to continue regular duty work and consider various interventional spine procedures.Additional physical therapy at issue was reportedly later sought via a request for authorization form dated August 12, 2014, per the claims administrator.In a physical therapy order dated July 29, 2014, eight sessions of physical therapy with modalities including ultrasound, TENS, electrical stimulation, ice, massage, iontophoresis, and phonophoresis were sought for strengthening, stretching, and home exercise instruction status post radiofrequency ablation procedures.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Physical Therapy Visits for the Cervical/Lumbar Spine: Upheld

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

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

Decision rationale: While the eight-session course of proposed treatment is consistent with 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, this recommendation, however, is qualified by commentary 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. This recommendation, however, is qualified by commentary on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that applicants are expected to continue self-directed home-based physical therapy as an extension of the treatment process in order to maintain improvement levels. In this case, it was not clearly stated why the applicant could not transition to self-directed home physical medicine just as she had already returned to regular duty work. The Request for Authorization (RFA) for additional physical therapy was unaccompanied by any compelling narrative commentary to set forth a basis for the lengthy formal course of treatment proposed here. Therefore, the request is not medically necessary.