

Case Number:	CM14-0184908		
Date Assigned:	11/12/2014	Date of Injury:	02/18/2014
Decision Date:	12/30/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/05/2014

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 18, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; unspecified amounts of acupuncture; essentially normal MRI imaging of May 1, 2014, notable only for mild disk degeneration at L5-S1; and several months off of work. In a Utilization Review Report dated November 5, 2014, the claims administrator failed to approve a request for land-based physical therapy for the lumbar spine. The applicant's attorney subsequently appealed. In an October 1, 2014 progress note, the applicant reported persistent complaints of low back pain. The applicant had completed physical therapy and acupuncture with "no help," the attending provider acknowledged. The applicant had not worked since February 28, 2014, it was further acknowledged. The applicant was placed off of work, on total temporary disability. Three weeks of aquatic therapy followed by three weeks of land therapy were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Land Therapy twice a week for three weeks for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic, Functional Restoration Approach to Chronic Pain Management section, 979.

Decision rationale: While page 99 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines does endorse an 8- to 10-session course of physical therapy for radiculitis, the diagnosis reportedly present here, this recommendation, however, is qualified by commentary made on page 8 of the California (MTUS) Chronic Pain Medical Treatment Guidelines to the effect that there must be some demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant is off of work, on total temporary disability, despite having had earlier unspecified amounts of physical therapy over the course of the claim, suggesting a lack of functional improvement as defined in California (MTUS) 9792.20f, despite earlier physical therapy. The attending provider himself acknowledged that the earlier physical therapy was of no help. Therefore, the request for additional physical therapy is not medically necessary.