

Case Number:	CM15-0062625		
Date Assigned:	04/08/2015	Date of Injury:	11/27/2013
Decision Date:	05/12/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 36-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 27, 2013. In a Utilization Review report dated March 26, 2015, the claims administrator failed to approve a request for six sessions of physical therapy while approving a physiatry consultation. The claims administrator referenced an RFA form received on March 18, 2015 in its determination, as well as a progress note dated March 15, 2015. The claims administrator contended that the applicant had received at least 12 sessions of physical therapy through this point in time. The applicant's attorney subsequently appealed. On March 30, 2015, the applicant reported ongoing complaints of low back pain radiating to the left leg. The applicant was status post one earlier epidural steroid injection. 5-7/10 pain complaints were noted. The applicant was using tizanidine, Motrin, Celexa, Colace, and Norco, it was acknowledged. The applicant was returned to regular duty work. Repeat epidural steroid injection therapy was proposed. The applicant did apparently exhibit a normal gait. The applicant was asked to pursue a physiatry evaluation. Additional physical therapy was apparently sought. On April 13, 2015, the applicant was again returned to regular duty work and asked to follow up on a p.r.n. basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the low back, QTY: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation Guidelines, Chapter: Low Back (Acute and Chronic).

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

Decision rationale: No, the request for additional physical therapy was not medically necessary, medically appropriate, or indicated here. The applicant had had prior treatment (12 sessions, per the claims administrator), seemingly in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that applicants are expected to continue active therapies at home as an extension of the treatment process. Here, the applicant had already transitioned to regular duty work, it was acknowledged, on or around the date of the request. The applicant exhibited a normal gait as of progress notes of earlier 2015, referenced above. All evidence on file, thus, pointed to the applicant's having minimal residual impairment. The applicant should, thus, have been capable of transitioning to self-directed home based physical medicine on or around the date in question. Therefore, the request is not medically necessary.