

Case Number:	CM13-0009952		
Date Assigned:	04/23/2014	Date of Injury:	01/20/2012
Decision Date:	06/10/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/12/2013

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 claimant is a 61 year old gentlemen who has a claim for his lower back. He persistent back pain with an associated antalgic gain and complaints of weakness in his left lower extremity. A detailed neurologic exam of the important nerve roots is not reported in the records sent for review. An MRI has revealed several lumbar levels with moderate to severe lateral stenosis bilaterally. The claimant has completed 20 sessions of physical therapy and additional therapy is requested for TENs, massage and hot packs. A internal medicine consult is requested for hypertension. There is no documentation of blood pressures and no documentation of how this would treat the low back. Prior utilization Review has authorized a spinal surgery consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERNAL MEDICINE EVALUATION AND TREATMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation COEM, Independent Medical Examinations and Consultations, Chapter 7, Page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

Decision rationale: A consultation in workers' compensation is expected to be related to treat or relieve the injury. There is no documentation of the claimants blood pressure which establishes the diagnosis. There are no medicals linking the consult for hypertension to the treatment of the low back problems. The request does not appear medically necessary for treatment of the low back.

PHYSICAL THERAPY 2 X 4 FOR THE LEFT HIP AND LOW BACK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98.

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

Decision rationale: California MTUS Guidelines recommend up to 10 sessions of physical therapy as generally being a reasonable amount for the patients diagnosis. Guidelines also recommend only short term modalities with an early transition to self management and activity based therapy. The patient has completed 20 sessions of physical therapy without significant changes and the prescription for the additional physical therapy recommends a continued reliance on passive modalities. There appears to be no clear rational nor is there guideline support for the extended course of physical therapy. The request does not appear medically necessary.