

<b>Case Number:</b>	CM13-0050433		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/14/2013
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family 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 least at 24 hours a week in active practice. The physician 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:

This 33 year old male with a date of injury of 3/14/13 has a mechanism of injury of twisting his right ankle/foot after stepping down onto a pallet. His diagnosis is right ankle/foot sprain/strain, thoracic disc bulge, and probable lumbar spine disc rupture. On 9/20/13 he reported radiating pain from his back into his legs not improved with chiropractic adjustments. His examination showed limitations in range of motion, decreased L5 and S1 dermatomal sensation, and non-specific straight leg raise tests. Records reviewed indicate that he has had previous physical therapy, however, functional outcomes of that are not indicated. Also, his current psychiatric status is not clearly identified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy (12 sessions):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The current request is for 12 sessions of physical therapy. The request was modified by the utilization review process to 6 sessions to allow for documented functional

improvement. The MTUS Guidelines call for, "fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine" and the ACOEM Guidelines which call for "1-2 visits for education, counseling, and evaluation of home exercise for range of motion and strengthening." Since 12 sessions is not necessary to determine if this intervention will provide functional improvement, the original request for 12 sessions is not medically necessary.

**Psychiatric consultation:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

**Decision rationale:** Per the Chronic Pain Medical Treatment Guidelines, "Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related." However, the records reviewed do not indicate that the injured worker has any anxiety, depression, or other psychological impairment requiring intervention. Also, the AOEM Guidelines state, "Consider specialty referral if persistent symptoms are not consistent with clinical findings." To the contrary, the records reviewed indicate that there are symptoms consistent with the clinical findings. The ACOEM Guidelines also state, "Specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities." There is no documentation in the records reviewed indicating that significant psychopathological or serious medical comorbidities exist. They further state, "It is recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist, while common psychiatric conditions, such as mild depression, be referred to a specialist after symptoms continue for more than six to eight weeks." Again, the records reviewed do not indicate any significant psychiatric symptoms existing or lasting six to eight weeks.