

Case Number:	CM13-0070360		
Date Assigned:	01/03/2014	Date of Injury:	06/05/2013
Decision Date:	06/04/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/24/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 40 year old male who reported an injury on 06/05/2013. The mechanism of injury was not provided in the clinical documentation submitted. The clinical note dated 11/08/2013 reported the injured worker reported lumbosacral pain never goes away even with his pain medication, also unable to bend forward due to pain. The injured worker also reported standing straight caused trouble walking, his left hip had pain unable to turn while walking and had to hold onto something. The physical exam noted lumbosacral spine noted severe tenderness at left sciatic, also noted left lower extremity with sciatic tenderness. The injured worker had diagnoses of lumbosacral radiculopathy with disc protrusion as well as musculoligamentous spasm in the lumbosacrum. The injured worker had an MRI on 08/24/2013 which noted muscle spasm and L5-S1 a 1-2mm annular bulge mild facet arthropathy is also seen at this level. The authorization for additional physical therapy two times a week for six weeks was not provided in the clinical documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY TWO TIMES A WEEK FOR SIX WEEKS:

Upheld

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

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

Decision rationale: The injured worker reported lumbosacral pain never goes away even with his pain medication, also unable to bend forward due to pain. The injured worker also reported standing straight caused trouble walking, his left hip had pain unable to turn while walking and had to hold onto something. The California MTUS guidelines recommend that home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The guidelines also note they allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine. The guidelines also recommend for myalgia 9-10 visits over 8 weeks and for neuralgia, neuritis and radiculitis 8-10 visits over 4 weeks. There was a lack of documentation indication if the injured worker had previous physical therapy. The provider documented the injured worker having pain that never goes away even with medication, the guidelines note physical therapy treatment is directed to control symptoms such as pain, inflammation and swelling. The request for 12 visits exceeds guideline recommendations for total duration of care. The request submitted does not meet the guidelines. Therefore, the request for additional Physical Therapy is not medically necessary.

AUTOMOBILE BACK SUPPORT: 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 Page(s): 300.

Decision rationale: The injured worker reported lumbar sacral pain never goes away even with his pain medication, also unable to bend forward due to pain. The injured worker also reported standing straight caused trouble walking, his left hip had pain unable to turn while walking and had to hold onto something. The American College of Occupational and Environmental Medicine note lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Therefore, the request for automobile back support is not medically necessary.