

Case Number:	CM14-0009696		
Date Assigned:	02/21/2014	Date of Injury:	06/17/2013
Decision Date:	06/24/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/23/2014

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 Internal 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 injured worker is a 48-year-old male who sustained an injury to his low back on 06/17/13 when he tried to catch a box of plates that were falling from a cart he was pushing. A clinical note dated 01/02/14 reported that the injured worker refused treatment with medications such as antidepressants. Treatment to date has included at least 15 physical therapy visits, an MRI of the lumbar spine and an electrodiagnostic (EMG) study. Physical examination noted 5/5 muscle strength in the bilateral upper/lower extremities; reflexes were normal with non-antalgic gait. The injured worker was diagnosed with lumbar pain, lumbar disc degeneration and myofascial pain of the lumbar region. The previous request for physical therapy two times a week for four weeks, lumbar spine as denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO TIMES A WEEK FOR FOUR WEEKS, LUMBAR SPINE:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: 9792.24.2 CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 98-99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Physical therapy (PT)

Decision rationale: The request for physical therapy two times a week times four weeks for the lumbar spine is not medically necessary. The previous request was denied on the basis that the injured worker had already completed 15 visits of physical therapy. The Official Disability Guidelines (ODG) recommend 10 visits over eight weeks for the diagnosed injury with allowing for fading of treatment frequency, from three visits a week to one or less, plus active self-directed home physical therapy. There was no indication that the injured worker is actively participating in a home exercise program. There was no additional significant objective clinical information provided that would support the need to exceed the Official Disability Guidelines (ODG) recommendations, either in frequency or duration of physical therapy visits. Given the clinical documentation submitted for review, medical necessity of the request for physical therapy two times a week times four weeks for the lumbar spine has not been established.

HELP FUNCTIONAL RESTORATION PROGRAM EVALUATION FOR CANDIDACY IN THE HELP INTERDISCIPLINARY PAIN REHAB PROGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Behavioral interventions, Page(s): 23.

Decision rationale: The request for functional restoration program evaluation for candidacy in the interdisciplinary pain rehab program is not medically necessary. The previous request was denied on the basis that previous methods of treating chronic pain had not been exhausted. It was unclear why program evaluation was being requested at same time as the request for psychological treatment and a new physical therapy course. The California Treatment Utilization Schedule (CA MTUS) guidelines recommend behavioral interventions in the form of cognitive behavioral therapy to reinforce coping skills and is often more useful in the treatment of pain and ongoing medication therapy, which could lead to psychological or physical dependence; however the psychological evaluation, dated 11/19/13, the injured worker refused treatment for depression. Therefore, the request for help functional restoration program evaluation for candidacy in the interdisciplinary pain rehab program has not been established.