MAXIMUS Federal Services

Case Number:	CM14-0022892		
Date Assigned:	06/11/2014	Date of Injury:	07/02/2012
Decision Date:	07/15/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/24/2014

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 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 patient is a 63 year old male who was injured on 07/02/2012. He fell on a wet surface while moving a cart weighing 300 lbs. Prior treatment history has included chiropractic treatment and physical therapy, which did not offer relief of symptoms; and medication history included Norco, Naproxen 220 mg, cyclobenzaprine 7.5, and Terocin 240 ml, Flurbiprofen cream 180, Gabapentin, and Somnicin.The patient's medications as of 09/16/2013 include (No VAS provided) Norco 10/325 mg, Cyclobenzaprine hydrochloride 7.5 mg, Naproxen Sodium 550 mg, Omeprazole 20 mg, and Terocin Pain patch.UDS was performed on the patient and was tested for medication management collected on 09/25/2013 and reported on 10/07/2013 no detection of any drugs.Follow-up report dated 11/13/2013 indicated the patient complained of low back pain rated as 9/10. He reported the pain is throbbing, tingling, burning and numbing pain. On exam, he had moderately severe muscle spasm especially of the left lumbar region just above the posterior superior iliac crest. Neurologic exam revealed deep tendon reflexes are diminished bilaterally; hypoalgesia noted at left L5, and weakness noted at left L4, L5.Supplemental report dated 10/09/2013 stated the patient reported a reduction in pain from a 6/10 with medications and without medications a 9/10. He stated he is able to perform activities of daily living, sit longer, and sleep better.Progress report dated 08/05/2013 states the patient complained of constant low back pain radiating to the left lower extremity rated at 9/10. Diagnoses are lumbar radiculitis, lumbago, and lumbar sprain/strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED CONSERVATIVE THERAPY 2 TIMES A WEEK TIMES 6 WEEKS FOR THE LOW BACK: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Physical Therapy.

Decision rationale: MTUS guidelines recommend physical medicine (physical therapy) on a limited basis for acute exacerbations of chronic pain. The patient is a 63 year old male with injury date of 7/2/12 who complaints of chronic low back pain. Complaints and examination findings are variably reported in the provided medical records but generally consist of severe low back pain with radiation into the left lower extremity with tenderness, decreased range of motion, and signs of radiculopathy on examination. No diagnostic studies are provided for review. The patient has reportedly undergone physical therapy, chiropractic, acupuncture, and massage therapies in the past. Duration and frequency of visits are not provided. There is no documentation of clinically significant functional improvement or pain reduction from past physical therapy completed or other aforementioned modalities. There has not been lasting benefit from prior conservative interventions given the patient's ongoing complaints of severe pain and dysfunction. Medical necessity is not established.