

Case Number:	CM14-0036868		
Date Assigned:	06/25/2014	Date of Injury:	08/01/2001
Decision Date:	08/07/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/26/2014

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 Maryland. 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 employee was a 62 year old male who had sustained an industrial injury and was being treated for back pain. The mechanism of injury was unknown. He initially injured his back in 2002 and had surgery in 2003 according to one of the reports. His primary complaints were low back pain with prolonged sitting and spasms in back. His previous evaluation included x-rays of cervical, thoracic and lumbar spines that showed no acute changes. His medications included Ibuprofen 600mg, Lidocaine patch and Tylenol OTC. He was seen on 01/13/14 by the treating provider. His subjective complaints included pain that had flared up due to cold weather associated with spasms and stiffness. Lidocaine patches were noted to be helpful for pain. The range of motion of spine was decreased to 60%, with tender lumbosacral paraspinal musculature, positive straight leg raising test with good strength and normal gait. The diagnoses included left sciatica, lumbar sprain/strain, lumbosacral disorder without myelopathy and OA of lumbosacral spine. The plan of care included Lidocaine patch, Ibuprofen, Tylenol OTC, Physical therapy three times a week for 6 weeks, TENS unit and MRI thoraco-lumbar spine along with MRI bilateral hips and pelvis. The request was for Physical therapy X 18 sessions for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 18 sessions for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 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, Physical therapy.

Decision rationale: The employee was being treated for low back pain. His diagnoses included lumbar sprain/strain as well as sciatica. It is not clear if the employee had received any physical therapy prior to the request. According to Official Disability Guidelines, for lumbar sprains and strains and intervertebral disc disorders without myelopathy, a total of 10 visits over 8 weeks is recommended. The requested 18 sessions is well above the maximum number recommended and hence is not medically appropriate and necessary.