

Case Number:	CM14-0037419		
Date Assigned:	03/31/2014	Date of Injury:	09/11/2013
Decision Date:	05/08/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/28/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 31-year-old male with a date of injury of 09/11/2013. The listed diagnoses per [REDACTED] are: 1. Left wrist strain. 2. Annular tear. According to the report dated 03/06/2014 by [REDACTED], the patient presents with low back and left wrist pain. Provider indicates the patient recently "graduated" from physical therapy to a home exercise program. Provider states the home exercise program was insufficient and the pain has worsened. Provider states the patient has been to 12 physical therapy sessions. Current medications include Norco, Orphenadrine, and Zanaflex. Physical examination revealed restricted lumbar range of motion with tenderness to palpation at the lumbosacral junction. Sensory and motor examinations of the lower extremities are intact. There is spasm and guarding noted in the lower back. Provider is requesting another course of 8 physical therapy sessions and pain management consult and treatment for consideration of diagnostic facet blocks. The Utilization Review was on 03/14/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 SESSIONS PHYSICAL THERAPY FOR CORE STABILIZATION/TRUNK STRENGTHENING: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
AQUATIC THERAPY Page(s): 22.

Decision rationale: This patient presents with low back and left wrist pain. The provider is requesting additional 8 sessions of physical therapy. For physical medicine, the MTUS guidelines pages 98, 99 recommends for myalgia and myositis type symptoms 9-10 visits over 8 weeks. This patient has had 12 sessions to date, with the most recent course of 4 completed on 02/14/2014. The treating physician does not provide the patient's progress from recent treatments and no additional goals or rationale is provided for the requested additional therapy. The patient appears to have had adequate therapy and should be able to perform the necessary home exercises to manage pain. The request for additional 8 treatments exceeds what is recommended by MTUS. Recommendation is for denial.

PAIN MANAGEMENT CONSULT AND TREAT FOR CONSIDERATION OF DIAGNOSTIC FACET BLOCKS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), PAGE 127

Decision rationale: This patient presents with low back and left wrist pain. The provider is requesting a referral to pain specialist for consult and possible treatment with a diagnostic facet blocks. ACOEM Practice Guidelines, 2nd Edition, 2004 page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." ACOEM Guidelines further states, "Referral to a specialist is recommended to aid in complex issues." In this case, this patient presents with paravertebral tenderness with non-radicular symptoms and may very well be a candidate for a diagnostic facet block. A referral to a pain specialist for consult and possible treatment is medically necessary and recommendation is for approval.