

Case Number:	CM14-0087283		
Date Assigned:	07/23/2014	Date of Injury:	08/04/2009
Decision Date:	09/19/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/10/2014

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 39-year-old male who has submitted a claim for lumbago associated with an industrial injury date of 08/04/2009. Medical records from 11/19/2013 to 07/23/2014 were reviewed and showed that patient complained of low back pain graded 5-6/10. Physical examination revealed the patient was unable to stand erect. Limited lumbar ROM was noted. Pain was noted along lumbar paraspinal muscles. Treatment to date has included Tramadol, Naprosyn, unspecified visits of physical therapy, home exercise program (started at 01/21/2014) chiropractic care, and three epidural injections. Of note, patient underwent previous unspecified physical therapy sessions (01/21/2014) before participating in 2 additional physical therapy sessions (05/12/2014). Utilization review dated 06/03/2014 denied the request for follow-up appointment because there were continued complaints of low back pain with spasm and guarding. Utilization review dated 06/03/2014 denied the request for physical therapy for the lumbar spine 2 times per week for 8 weeks (8 visits) because there was no documentation of exceptional indications for therapy extension.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOLLOW UP APPT WITH [REDACTED]: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Office Visit.

Decision rationale: The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), the Pain Chapter was used instead. It states that evaluation and management (E&M) outpatient visits to the offices of medical doctor play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, the patient complained of continued low back pain. Physical examination revealed inability to stand erect, pain along lumbar paraspinal muscles, and decreased range of motion (ROM). The medical necessity for a follow-up visit has been established. Therefore, the request for Follow up Appt with [REDACTED] is medically necessary.

physical Therapy for the lumbar spine 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 70-98.

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

Decision rationale: According to pages 98-99 of the MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. In this case, the patient completed unspecified visits of physical therapy. There was no documentation concerning the functional outcome from prior physical therapy visits. Moreover, the patient was able to do HEP (01/21/2014). There was no discussion as to why the patient cannot continue rehabilitation with a home exercise program (HEP). Therefore, the request for physical Therapy for the lumbar spine 2 times a week for 4 weeks is not medically necessary.