

Case Number:	CM13-0058581		
Date Assigned:	12/30/2013	Date of Injury:	02/12/2013
Decision Date:	03/30/2015	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/27/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California

Certification(s)/Specialty: Family Practice

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 32 year old male with an industrial injury dated 02/12/2013. The mechanism of injury is documented as occurring when he was unloading the granite kitchen pieces from a working table to a cart wheel when he suddenly felt a snap. He noted low back pain radiating to his middle back and neck. He also noted pain in the right side of his buttocks and right leg. The injured worker presents on 11/07/2013 with complaints of pain in the thoracic and lumbo - sacral region. Lumbar spine range of motion was limited. Flexion was 65/90, extension 10/30, left lateral bending 20/30, right lateral bending 15/30 left rotation 25/30 and right rotation 20/30. Diagnosis was lumbar disc herniation, lumbar neuritis and lumbar sprain. Prior treatment includes medications, physical therapy in April 2013 (completed 10 treatments). On 11/14/2013 utilization review denied the request for physical therapy 2 times 3. MTUS, ACOEM and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFERRAL FOR PHYSICAL THERAPY 2X3: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines physical therapy Page(s): 98-99.

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified, 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS), 24 visits over 16 weeks. According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. In this case, the claimant had also completed at least 10 prior sessions of therapy. The request for additional 6 sessions would also exceed the amount suggested by the guidelines and is not medically necessary.