

Case Number:	CM14-0146061		
Date Assigned:	09/12/2014	Date of Injury:	12/18/2013
Decision Date:	01/14/2015	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/09/2014

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 49 year old male who had sustained a work place injury on 12/18/13 while lifting a pallet. He was being treated for low back pain. His x-ray of lumbar spine from 02/18/14 showed moderately severe degenerative disc disease at L4-5 and to a lesser degree L3-4. The visit note from 02/14/14 reports that he had 3 physical therapy visits previous to that visit and was taken off work as modified work was not available. During that visit, he was recommended to have 6 more sessions of physical therapy for lumbar sprain. He had further six sessions of physical therapy starting in February 2014 and was noted to have temporary relief after physical therapy on the last visit on 03/14/14. He also had six more sessions of physical therapy for neck and ribs starting in March 2014. The progress note from 06/19/14 was reviewed. His medications included Flurbiprofen, Ketoprofen, Methocarbamol, Tramadol, Omeprazole and Hydrocodone. His complaints included back pain, pain in side's anterior thigh and posterior legs as well as upper legs. Pertinent examination findings included negative SLR, were able to touch his toes and walked without a limp. He was noted to have had six physical therapy sessions. The provider had no records. So a request was sent for physical therapy 2 times a week for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times 3 visits for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Physical therapy

Decision rationale: The Chronic Pain Medical Treatment guidelines recommend fading of treatment frequency plus active self-directed home physical medicine and a total of 8-10 visits for neuralgia, neuritis and radiculitis over 4 weeks. According to Official Disability Guidelines, for lumbar sprains and strains and intervertebral disc disorders without myelopathy, a total of 10 visits over 8 weeks are recommended. The employee had previous 6 visits in past with no subjective or objective improvement. There is documentation of ongoing pain. The most recent physical therapy note recommends improvement of pain in July 2014. The requested 6 sessions is well above the maximum number recommended (10 visits) and hence is not medically appropriate and necessary.