

Case Number:	CM14-0183893		
Date Assigned:	11/10/2014	Date of Injury:	06/15/2010
Decision Date:	01/14/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/04/2014

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 & Rehabilitation 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 underlying date of injury in this case is 06/05/2012. The date of the utilization review under appeal is 11/04/2014. This patient's reported diagnoses include lumbar disc herniation, lumbar degenerative disc disease, lumbar myospasm, and right-sided lumbar radiculitis. On 11/04/2014, a PR-2 report is handwritten with limited information. This report discusses persistent low back pain radiating into the left leg with an unchanged physical examination. The patient was noted to have a lumbar disc protrusion with left leg radiation. The treatment plan included awaiting authorization for physical therapy as well as continued medications and re-requesting the status of the patient's pain management request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 12: 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 rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on physical medicine, page 99, recommend allowing for fading of

treatment frequency plus active self-directed home physical medicine. The treatment guidelines anticipate that the patient would have transitioned by now to an independent home rehabilitation program. A rationale instead for additional supervised therapy is not apparent. This request is not medically necessary

Chiropractic Treatment x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on manual therapy and manipulation, state that elective/maintenance care is not medically necessary. This is a chronic case in which this treatment request appears to be for elective or maintenance care. The treatment guidelines instead anticipate that this patient would have transitioned previously to independent active home rehabilitation. This request is not medically necessary.

Narcotic Pain Meds: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: This request is not specific in terms of what medications at what dose, frequency, or quantity are requested. Without this information this request is not medically necessary. The current request is not consistent with the Chronic Pain Medical Treatment Guidelines, section on opioids/ongoing management, page 78. The four A's of opioid management discussed on this page are entirely absent at this time since it again it is not known what medication has been requested nor any other details of the proposed prescription. Therefore this request is not medically necessary.