

Case Number:	CM14-0209282		
Date Assigned:	12/22/2014	Date of Injury:	12/18/2013
Decision Date:	02/13/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/15/2014

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:

This individual is a 52 y/o male who developed persistent low back pain after a twisting injury on 12/18/13. He is reported to have pain that varies from 4-9/10 depending upon his activity levels. He has been treated with an epidural that is reported to be beneficial, but no additional details are provided. A future request for bilateral epidural injection is discussed in the narratives. Prior analgesics were not beneficial and a trial of Gralise is recommended. There is no review of prior physical therapy in the records sent for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 times 4 to the lumbar spine: Upheld

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

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

Decision rationale: The request for 12 sessions exceeds what MTUS Guidelines recommend. MTUS Guidelines recommend up to 8-10 sessions of physical therapy as adequate for this individuals condition. The request exceeds Guideline recommendations even if prior therapy

was not completed. The request for physical therapy 3 times per week for 4 weeks is not medically necessary.

Massage Therapy referral: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

Decision rationale: MTUS Guidelines recommend a limited number of 4-6 massage sessions for chronically painful conditions. This request is non-specific and open ended, which is inconsistent with the guidelines. There are no unusual circumstances to justify an exception to the guidelines. The non-limited request for massage therapy referral is not medically necessary.