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| Case Number: | CM14-0214278 | | |
| Date Assigned: | 01/07/2015 | Date of Injury: | 02/17/2013 |
| Decision Date: | 03/03/2015 | UR Denial Date: | 12/16/2014 |
| Priority: | Standard | Application Received: | 12/22/2014 |

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. 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:

31 yr. old male claimant sustained a work injury 2/17/13 involving the low back and a fractured tibia. He underwent an ORIF and was diagnosed with lumbar disc disease and lumbar radiculopathy. The pain was managed with NSAIDs, opioids and muscle relaxants. A progress note on 11/6/14 indicated the claimant had low back pain with increasing the lower extremities. Muscle relaxants along with stretching and home exercises allow the claimant with ADLs. The claimant had completed at least 8 sessions of physical therapy and used a TENS unit. Exam findings were notable for tenderness in the lumbar spine and limited range of motion. The physician requested an additional 8 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2 times a week for 4 weeks Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines physical medicine 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. 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. In this case, the claimant has already undergone 8 sessions with improvement in range of motion. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. The additional 8 sessions exceeds the total amount recommended by the guidelines. Consequently, additional therapy sessions are not medically necessary.