MAXIMUS Federal Services

Case Number:	CM15-0002826		
Date Assigned:	01/13/2015	Date of Injury:	08/12/2013
Decision Date:	03/16/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/06/2015

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: California, Arizona
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 37-year-old female who reported an injury on 08/12/2013. The mechanism of injury was carrying heavy furniture. Her diagnosis was noted as lumbar sprain and strain. Her past treatments were noted to include medication, chiropractic therapy, home exercise program, physical therapy, Flector patch, and injections. Her diagnostic studies and surgical history were not provided. During the assessment on 12/23/2014, the injured worker complained of pain in her low back, left hip and left leg. The physical examination revealed a mild limp on the left. The lumbar range of motion was slightly limited. There was tenderness to palpation on the L4-5 and L5-S1 regions. There was a negative straight leg raise test. There was decreased sensory on the left at the L5 region. His current medication list was not provided. The treatment plan was to request authorization for bilateral facet blocks, refill Flector patches and request 8 visits of physical therapy. The rationale for 8 visits of physical therapy was to help with mobility and spasms. The rationale for the Flector patches was not provided. The Request for Authorization form was dated 12/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 4: Upheld

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

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

Decision rationale: The request for physical therapy 2 x 4 is not medically necessary. The California MTUS Guidelines note active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines recommend up to 10 visits over 8 weeks for myalgia and myositis, unspecified. The clinical documentation indicated that the injured worker had completed 9 visits of physical therapy. The requested 8 visits would exceed guideline recommendations. The clinical documentation did not include a detailed assessment of the injured worker's current functional condition including range of motion and motor strength which would support the request for physical therapy. There was a lack of adequate information regarding whether or not the injured worker had benefited from the past physical therapy visits or if there were any functional improvements made. Given the above, the request is not medically necessary.

Flector patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Non-Steroidal Antinflammatory Agents (NSAIDs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical Analgesics.

Decision rationale: The request for Flector patch #30 is not medically necessary. The Official Disability Guidelines indicate that Flector patch is not recommended as a first line treatment. It is indicated for acute strains, sprains and contusions. As the guidelines do not recommend the Flector patch as a first line treatment, and is only indicated for acute strains and sprains, the ongoing use is not supported. As such, the request is not medically necessary.