

Case Number:	CM15-0003041		
Date Assigned:	01/13/2015	Date of Injury:	09/27/2014
Decision Date:	03/24/2015	UR Denial Date:	12/17/2014
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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 45-year-old female who reported an injury on 09/27/2014. The mechanism of injury was the injured worker lifted a patient alone and it was noted the particular patient required 2 workers to lift and move. The diagnoses included lumbosacral sprains and strains with right sciatica, rule out L5 radiculopathy, and rule out insomnia. Prior treatments included a chair back support, a lumbar support, and chiropractic treatments. The diagnostic studies were not provided. Surgical history was not provided. On 01/06/2015, the injured worker reported symptoms of lumbar spine aching pain with radiation to the right lower extremity and numbness and tingling to the lower extremities. The physician's physical examination revealed there was no change in the functional evaluation since the last visit of 12/08/2014. The physician indicate he would order a cane to help avoid with the falls. The medications included tramadol 50 mg 1 tablet by mouth twice a day as needed for pain. The treatment plan included clearing the injured worker for physical therapy. The injured worker should have x-rays of the lumbar spine, acupuncture, physical therapy, EMG/NCV of the bilateral lower extremities, and a pain management visit. The rationale was not included. There was no Request for Authorization submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 2 weeks, lower back Quantity 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Physical Therapy

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

Decision rationale: The request for physical therapy 3 times per week times 2 weeks in the lower back for a quantity of 6 is not medically necessary. The injured worker complained of low back pain. The California MTUS Guidelines recommend allowing for fading of physical therapy treatments from up to 3 or more visits per week to 1 or less, plus active self directed home exercise programs. The guidelines recommend up to 10 visits of physical therapy. There was a lack of documentation indicating whether the injured worker had significant functional improvement with the prior sessions of physical therapy to warrant continuation. There was a lack of documentation demonstrating the injured worker's remaining functional deficits. There was a lack of documentation demonstrating how many sessions of physical therapy the injured worker previously performed. As the injured worker has completed physical therapy currently, the request for an additional 6 would exceed the guideline recommendations. There are no exceptional factors which demonstrate the injured worker's need for physical therapy beyond the guidelines/ recommendations. Therefore, the request is not medically necessary.

Transfer of care to Pain Management, Lower Back: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines 2nd Edition Chapter 7; Consultations

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office visits

Decision rationale: The request for transfer of care to pain management for the lower back is not medically necessary. The injured worker complained of lower back pain. The California MTUS/ACOEM Guidelines address managing expectations of the patient as part of total care management. The ACOEM also state that a consultation is indicated to aid in assessing the diagnosis, prognosis, and permanent residual loss and/or examinee's fitness for return to work. The Official Disability Guidelines recommend office visits for the proper diagnosis and return to function of an injured worker. The need for a clinical office visit with a healthcare provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. According to the documentation as submitted, there was no significant change that would indicate a need for transfer to care of pain management. The injured worker was already being seen by an orthopedist who is quite capable of giving recommendations regarding the treatment. In the absence of such documentation, the request is not medically necessary.

