

Case Number:	CM15-0006340		
Date Assigned:	01/26/2015	Date of Injury:	09/23/2013
Decision Date:	03/24/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/12/2015

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 28-year-old male who reported an injury on 09/23/2013, due to an unspecified mechanism of injury. On 01/22/2015, he presented for a followup evaluation. He reported feeling pressure on his belly due to his low back pain. He rated his pain at 8/10 without medications, and 7/10 with medications. A physical examination showed tenderness to the lumbar spine region, with positive spasm and flexion to 45 degrees, and extension to 15 degrees. He also had rotation to 20 degrees. Straight leg raise was positive bilaterally. He was diagnosed with sprain and strain of the lumbar region and lumbago. The treatment plan was for a pain management evaluation and physical therapy, 2 times a week for 4 weeks. It was noted that the injured worker has undergone 30 sessions of physical therapy with no relief, as well as 24 sessions of acupuncture therapy with no relief. The rationale for treatment was to address the injured worker's pain and determine the possibility for other treatment options.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, pg. 127.

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

Decision rationale: The request for a pain management evaluation is not supported. The Official Disability Guidelines indicate that office visits are indicated depending on a review of the injured worker's signs and symptoms, clinical stability, and physical examination findings. Based on the clinical documentation submitted for review, the injured worker was noted to have failed acupuncture and physical therapy, and it was stated that it was being recommended that he attend a pain management evaluation for the possibility of injection therapy. However, there was a lack of documentation showing that the injured worker has tried medication management in an attempt to address his pain and deficits. Also, it is unclear as to why the injured worker needs a pain management evaluation rather than an evaluation with his primary care provider. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.

Physical Therapy Two Times a Week for Four Weeks Quantity : 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009 Page(s): 99. Decision based on Non-MTUS Citation ACOEM Chapter 7, pg. 127.

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

Decision rationale: According to the California MTUS Guidelines, physical therapy is recommended for 9 to 10 sessions over 8 weeks for myalgia and myositis unspecified. For neuralgia, neuritis, and radiculitis unspecified, 8 to 10 visits over 4 weeks is recommended. Based on the clinical documentation submitted for review, the injured worker had completed at least 30 sessions of physical therapy, with no relief. Without documentation showing that the injured worker has previously had positive results to physical therapy, the request for additional sessions would not be supported. In addition, it was stated that the injured worker had already attended 30 sessions of therapy. He has already exceeded the allotted number of sessions listed within the guidelines for his condition. Therefore, the request for additional sessions is not supported. As such, the request is not medically necessary.