

Case Number:	CM15-0008524		
Date Assigned:	01/26/2015	Date of Injury:	09/27/2013
Decision Date:	03/19/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/14/2015

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

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:

The injured worker is a 39 year old male, who sustained an industrial injury on September 27, 2013. He has reported an injury to the low back. The diagnoses have included low back pain, lumbar radiculitis and degenerative disc disease. Treatment to date has included right-sided L5 neuropathic pain and radiculopathy, physical therapy, chiropractic therapy, epidural steroid injection, home exercise program and pain medication. Currently, the injured worker complains of occasional slight to moderate pain referable to the lower back. The pain can radiate to the right leg, extending to the right ankle at worst. An Oswestry disability index was rated at 42% with an initial Oswestry Disability Index rated at 44%. The injured worker reported that an epidural injection administered earlier in the month temporarily worsened his overall condition. Visual inspection revealed an unleveling of the pelvic girdle. The lumbosacral region was tender to palpation with a 1+ level of rigidity and the lumbar range of motion was mildly restricted in forward flexion and extension. On January 6, 2015, Utilization Review non-certified a request for physiotherapy one time per week for six weeks noting that the request exceeds the guidelines recommendation of a maximum of eight to ten sessions of physical therapy over four to eight weeks. The California Medical Treatment Utilization Schedule guidelines were cited. On January 14, 2015, the injured worker submitted an application for IMR for review of physiotherapy one time per week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy 1 time a week for 6 weeks, lumbosacral: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back ,Physical Therapy

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

Decision rationale: Based on guidelines physical medicine can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. There should be documented functional improvement. There should be a home exercise program. Based on the medical records there is no documentation that the patient has had improvement with previous physical therapy and thus not medically necessary.