

Case Number:	CM15-0109435		
Date Assigned:	06/16/2015	Date of Injury:	12/03/2014
Decision Date:	07/17/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/08/2015

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: Florida

Certification(s)/Specialty: Neurology, 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 35 year old male patient who sustained an industrial injury on 12/03/2014. The patient had main job characteristics consisted of: prolonged standing or walking, bending and operating hand tools/machinery. The accident was described as while disconnecting a hose from underneath the trailer and when I stood back upright there was immediate lower back pain. The patient did participate in the following therapy: physical, chiropractic and acupuncture sessions all of which helped alleviate the pain momentarily. In addition, he also received an injection. Of note the patient does have a prior back injury from 2012-13. An initial examination dated 12/03/2014 reported the treating diagnoses of muscle spasm back, lumbar strain/sprain. Objective findings showed the patient with abnormal gait, posture guarded. There are spasms of the paravertebral musculature along with tenderness of the thoracolumbar spine. He was prescribed to return to modified work duty on 12/10/2014 and a maximum medical improvement date of 12/10/2014. He must wear back support brace. On 12/08/2014 there was recommendation to undergo a course of chiropractic therapy to help expedite the recovery process; undergo radiologic imaging ruling out any spinal abnormalities, and obtain a urine toxicology screen. Current medications are: Etodolac, Acetaminophen, and Flexeril. Conservative treatment modality to include, rest, modified work duty, oral medications, durable medical equipment. The treating diagnoses are: lumbar strain/sprain, and back muscle spasm. A more recent follow up visit dated 04/30/2015 reported current subjective complaint of having constant pain in his back and trouble sleeping secondary to the pain. Objective findings showed the patient able to finger touch to ankles bilaterally; is with 25 degrees of rotation; has

tenderness in the L4- L5-S1 with some spasm noted. A straight leg raise was negative t 90 degrees bilaterally without sensory deficits. The treating diagnosis is: dorsal lumbosacral strain and sprain, rule out herniated nucleus pulposus. He is to continue with modified work duty, taking over the counter medications, start physical therapy sessions and home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical modalities Page(s): 174.

Decision rationale: The medical records report pain in the lumbar region but does not document specific functional goals for 8 physical therapy visits. MTUS supports PT for identified goals up to 8 visits for lumbar sprain/strain. As the medical records do not support specific goals of therapy and do not indicate rationale for needing additional visits beyond those supported by MTUS, the medical records do not support a medical necessity for 8 visits of PT. Therefore, the request is not medically necessary.