

Case Number:	CM15-0148595		
Date Assigned:	08/11/2015	Date of Injury:	08/28/2014
Decision Date:	09/08/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/30/2015

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: Arizona, 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 58 year old male who sustained an industrial injury on 8-28-2014. He reports an injury while turning the gas off and had pain into the buttocks and right knee. He currently reports pain and radiation to the right buttocks and has been diagnosed with lumbar discogenic pain syndrome, lumbar facet joint pain, lumbar radiculopathy, sprain of the lumbar region, subsequent encounter, and sciatica, unspecified bilaterally. Treatment has included medications, physical therapy, chiropractic care, and injections. Objective findings note range of motion was limited. The treatment plan included physical therapy 2-3 x a week for 2 weeks with iontophoresis. The treatment request included physical therapy with iontophoresis-work conditioning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy with Iontophoresis/work conditioning, quantity: 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter and pg 56.

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks; Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. According to the ODG guideline, According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks; Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. According to the ODG guidelines, iontophoresis is not recommended for either lower back or upper back. In this case, the claimant had completed at least 12 prior therapy sessions. There is no indication that the claimant cannot perform additional exercises at home. Since the iontophoresis is not recommended and the therapy sessions exceed the limit of the guidelines, the request is not medically necessary.