

Case Number:	CM15-0160741		
Date Assigned:	08/27/2015	Date of Injury:	05/25/2015
Decision Date:	09/29/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/17/2015

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: Massachusetts

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 34 year old male, who sustained an industrial injury on 05-25-2015. He has reported injury to the low back. The diagnoses have included low back pain; lumbar sprain-strain; lumbar disc displacement without myelopathy; sciatica; cervical disc herniation without myelopathy; and thoracic disc displacement without myelopathy. Treatment to date has included medications, diagnostics, activity modification, hot and cold pack, moist heat, back support, injection, chiropractic therapy, physical therapy, and home exercise regimen. Medications have included Acetaminophen, Nabumetone, Cyclobenzaprine, Prednisone, Norco, Advil, Tramadol, and topical compounded creams. A progress report from the treating physician, dated 06-11-2015, documented an evaluation with the injured worker. Currently, the injured worker complains of occasional moderate pain in the cervical spine; the pain is described as sharp and aggravated by raising his head and looking down; constant severe pain in the lumbar spine; the pain is described as sharp and is aggravated by bending forward and standing; constant moderate to severe pain in the left leg; the pain is described as sharp and made worse by walking and standing; he reports numbness over the leg; constant moderate pain in the thoracic spine; the pain is described as sharp; and he can perform activities of daily living, but it always causes pain. Objective findings included +3 spasm and tenderness to the bilateral cervical paraspinal muscles from C2 to C7 and bilateral suboccipital muscles; cervical spine range of motion is decreased and painful; axial compression test, distraction test, and shoulder depression test were positive bilaterally; there was +3 spasm and tenderness to the bilateral thoracic paraspinal muscles from T1 to T11; there was +3 spasm and tenderness to the bilateral lumbar paraspinal

muscles from L1 to S1 and multifidus; lumbar spine range of motion is decreased and painful; Kemp's test and Yeoman's test were positive bilaterally; straight leg raise test and Braggard's were positive on the left; and the left patellar reflex was decreased. The treatment plan has included the request for physical medicine program (electrical muscle stimulation, infrared, chiro manipulative therapy, massage, therapeutic activity) x 6 visits lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical medicine program (electrical muscle stimulation, infrared, chiro manipulative therapy, massage, therapeutic activity) x 6 visits lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-289, 298-300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Neck and Upper Back (Acute & Chronic), physical therapy (2) Low Back - Lumbar & Thoracic (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in May 2015. As of 06/08/15 he had completed one chiropractic treatment. He was seen by the requesting provider for an initial evaluation and to assume his treatment as the primary treating physician. He was having neck, low back, left leg, and thoracic spine pain. Physical examination findings included decreased and painful spinal range of motion with muscle spasms and tenderness. Neural tension and compression testing was positive. Diagnoses were multilevel disc herniations and sciatica. Authorization for six physical medicine treatments was requested. In terms of physical therapy for the claimant's, guidelines recommend up to 12 treatment sessions over 8 -10 weeks for cervical, thoracic, and lumbosacral radiculitis and only partial concurrent treatments would be expected. In this case, the number of visits requested is consistent with that recommended and was medically necessary.