MAXIMUS Federal Services

Case Number:	CM15-0167523		
Date Assigned:	09/08/2015	Date of Injury:	09/06/2013
Decision Date:	10/07/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/25/2015

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:

This injured worker is a 44 year old male, who sustained an industrial injury on 09-06-2013. On primary treating physician progress report provider visit dated 08-05-2015, the injured worker reported lower back pain that radiates to right hip and downright lower extremity to knee. The injured worker was noted to receive SI belt during visit. On objective findings the lumbar spine was noted as having tenderness to palpation of the lumbar spinous processes, range of motion was noted as decreased with a positive straight leg raise on the right. A positive Faber's and pelvic compression test bilaterally was noted. A positive facet loading was noted as well. Sensation was diminished to touch on right lower extremity. The injured worker was diagnosed as having status post right knee arthroscopy 04-2015. Treatments to date included physical therapy to right knee, injections, TENS unit, acupuncture and medication. The injured worker was noted not to be working. The provider requested physical therapy 2 x 4 for low back and SI belt 08/05/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 4 for low back: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 130.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299,Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

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 weeksNeuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeksReflex sympathetic dystrophy (CRPS) 24 visits over 16 weeksIn this case, the claimant was approved for back therapy in February 2014. There were no therapy notes provide to indicate completion. Since the documentation states the claimant has only received knee therapy, the 8 therapy sessions for the back are medically necessary and appropriate.

SI belt 8/5/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 146. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: According to the ACOEM guidelines, lumbar supports have not been shown to provide lasting benefit beyond the acute phase of symptom relief. In this case, the claimant's injury was remote and symptoms were chronic. The use of a back/SI brace is not medically necessary.