

Case Number:	CM15-0181489		
Date Assigned:	09/22/2015	Date of Injury:	11/26/2014
Decision Date:	10/27/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/15/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 26 year old male who sustained an industrial injury on 11-26-2014. He has reported injury to the low back. The injured worker has been treated for lumbago; myofascial pain; and strain and sprain of the lumbar spine. Treatment to date has included medications, diagnostics, acupuncture, chiropractic therapy, and home exercises. Medications have included Flexeril and lidocaine ointment. A progress report from the treating physician, dated 08-10-2015, documented an evaluation with the injured worker. The injured worker reported low back pain, which he rates at 4 out of 10 in intensity on a visual analog scale; the pain is present all the time; prolonged sitting or standing will aggravated pain in the back; the pain is non-radiating; range of motion of his back is limited; he has had difficulty dressing, putting on shoes and socks, driving, and sleeping through the night due to pain in the back; he has had only one brief episode of leg pain; and he is currently not working. The injured worker has reported that the chiropractic and acupuncture treatments which he received did not give him overall lasting improvement of his symptoms with the therapies. Objective findings included he appears to be in no acute distress; alert and oriented; all gaits are within normal limits; spasms-guarding in the lumbar spine is 2+; and there is diffuse tenderness, 3, over the right paralumbar muscles. The treatment plan has included the request for physical therapy, twice a week, for four weeks, for the lumbar spine, as an outpatient. The original Utilization Review dated 08-28-2015, non-certified a request for physical therapy for the lumbar spine, twice a week for four weeks, as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, twice a week, for four weeks, for the lumbar spine, as an outpatient:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Low Back-Lumbar & Thoracic (Acute & amp; Chronic) (updated 7/17/2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: According to the CA MTUS guideline cited, physical medicine for myalgia is 9-10 visits over 8 weeks, while neuralgia is 8-10 visits over 4 weeks. In all cases, injured workers are instructed and expected to continue active therapies at home to maintain improvement levels. In the case of this injured worker, physical medicine may be a reasonable treatment option for his diagnoses, and the requested 8 visits is within guidelines. Per the treating provider notes from 08-10-2015, he had undergone chiropractic and acupuncture treatment intermittently over 3 months without lasting improvement. The injured worker denied receiving any other treatments for his back. Therefore, the request for physical therapy for the lumbar spine, twice a week for four weeks, as an outpatient is medically necessary.