

Case Number:	CM15-0183411		
Date Assigned:	09/24/2015	Date of Injury:	10/14/2010
Decision Date:	10/29/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/17/2015

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: California

Certification(s)/Specialty: Emergency Medicine

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 37 year old female, who sustained an industrial injury on 10-14-10. The injured worker is being treated for lumbago, lumbar radiculopathy, lumbar sprain, sciatica and recent weight loss. Treatment to date has included physical therapy, lumbar epidural steroid injections (which she states did not work), oral medications including Cyclobenzaprine 10mg, Duloxetine 60mg, Mirtazapine 30mg, Tramadol 50mg and Tylenol with Codeine #3; transcutaneous electrical nerve stimulation (TENS) unit, home exercise program and activity restrictions. (MRI) magnetic resonance imaging of lumbar spine performed on 8-25-15 revealed interspinous process fusion f L5-S1 and L5-S1 small central disc protrusion and disc encroaching into the neural foramen bilaterally causing moderate left neural foramen stenosis and mild right neuroforamina stenosis. On 8-12-15, the injured worker complains of pain in lumbar spine without radiation. She is currently not working. Physical exam performed on 8-12-15 revealed diffuse tenderness at L1-L5 paraspinal muscles with limited range of motion in all planes secondary to pain and tight paraspinal muscle tone. A request for authorization was submitted for 12 physical therapy visits, 12 occupational therapy visits and skilled nursing on 8-26-15. On 9-3-15, a request for 12 occupational visits was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy, three times a week, for four weeks, for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The requested Occupational Therapy, three times a week, for four weeks, for the lumbar spine, is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has pain in lumbar spine without radiation. She is currently not working. Physical exam performed on 8-12-15 revealed diffuse tenderness at L1-L5 paraspinal muscles with limited range of motion in all planes secondary to pain and tight paraspinal muscle tone. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The treating physician has also not documented the medical necessity for occupational therapy for the lumbar spine versus physical therapy. The criteria noted above not having been met, Occupational Therapy, three times a week, for four weeks, for the lumbar spine is not medically necessary.