

Case Number:	CM15-0022700		
Date Assigned:	02/12/2015	Date of Injury:	06/09/2008
Decision Date:	03/26/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/06/2015

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 28 year old male who sustained an industrial injury to his lower back, spinal cord and right ankle from a 30 foot fall on June 9, 2008. Injuries consisted of a burst L4 fracture and fracture to the right ankle. The injured worker underwent a L3-S1 fusion June 9, 2008, open reduction internal fixation of the right ankle/foot on June 14, 2008 and lumbar discectomy with repair of dural defects and additional fixation L2-S1 on June 18, 2008. The injured worker has been diagnosed with spinal cord trauma, traumatic brain syndrome, post-laminectomy syndrome paraparesis, neurogenic bladder, erectile dysfunction, testosterone insufficiency and depression. According to the primary treating physician's progress report on December 10, 2014, the injured worker continues to experience low back pain, proximal leg weakness and gluteal weakness. On palpation there was tenderness of the right calf and right lower back tightness. Current medications consist of MS Contin, Hydrocodone, Cialis and Adderall. The treating physician requested authorization for 8-12 sessions of physical therapy for the lumbar spine and in-home massage therapy to readdress posture and strengthening to reduce chronic pain and muscle tightness in the right lower lumbar region. On January 13, 2015 the Utilization Review denied certification for 8-12 sessions of physical therapy for the lumbar spine and in-home massage therapy. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines, American College of Occupational and Environmental Medicine (ACOEM) and Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

8-12 session of physical therapy for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, ODG Physical Therapy Guidelines, Low Back Complaints, Physical Therapy

Decision rationale: The requested 8-12 session of physical therapy for the lumbar spine, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Low Back Complaints, Page 300 and ODG Treatment in Workers Compensation, ODG Physical Therapy Guidelines, Low Back Complaints, Physical Therapy, recommend continued physical therapy with documented derived functional benefit. The injured worker has low back pain, proximal leg weakness and gluteal weakness. On palpation there was tenderness of the right calf and right lower back tightness. The treating physician has not documented sufficient objective evidence of derived functional benefit from completed physical therapy sessions. The criteria noted above not having been met, 8-12 session of physical therapy for the lumbar spine is not medically necessary.

In home massage therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 60, Massage therapy Page(s): 60.

Decision rationale: The requested in home massage therapy, is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 60, Massage therapy, recommends massage therapy as an option and This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. The injured worker has low back pain, proximal leg weakness and gluteal weakness. On palpation there was tenderness of the right calf and right lower back tightness. The treating physician has not documented the injured workers participation in a dynamic home exercise program or other program involving aerobic and strengthening exercise. The criteria noted above not having been met, In home massage therapy is not medically necessary.