

Case Number:	CM15-0042664		
Date Assigned:	03/12/2015	Date of Injury:	03/26/2014
Decision Date:	04/17/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/05/2015

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: Utah, Arkansas

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:

The injured worker is a 51-year-old male, who sustained an industrial injury on 3/26/2014. The current diagnosis is chronic lumbosacral sprain/strain superimposed on degenerative disc disease. According to the progress report dated 2/4/2015, the injured worker complains of low back pain. He stated that the pain suddenly flared up in the thoracic region with an increased burning sensation in the lumbar region. Additionally, he reports tightness of the lower back especially in the morning when he gets up. The pain on average is rated 5-6/10, but can elevate to a 7-8/10 with movement. Treatment to date has included medication management, physical therapy, X-rays, MRI, and work restrictions. The plan of care includes 12 physical therapy sessions to the lumbar spine and Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS, page 474.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Pages 98-99.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for sessions of physical therapy. Physical Medicine Guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. According to the clinical documentation provided and current MTUS guidelines, the documents state the patient completed previous sessions of therapy, and there is lack of objective documentation that the patient improved. There is no indication for additional therapy if the patient was not improving. Additional sessions of physical therapy is NOT indicated as a medical necessity to the patient at this time.