

Case Number:	CM15-0051622		
Date Assigned:	03/25/2015	Date of Injury:	08/14/2014
Decision Date:	05/04/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/18/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 38 year old man sustained an industrial injury on 8/14/2014 after a slip and fall on a wet floor. The diagnoses are low back pain, spinal cord compression and lumbar radiculopathy. Treatment has included oral medications and physical. The IW initially reported improvement in function after 8 PT am was able to walk 1 to 2 miles with rest. But on 2/17/2015, after 12 PT, it was noted that range of motion had decreased, the IW was unstable and in danger of frequent falls. There was objective findings paraspinal muscle spasm, global decrease in flexibility and range of motion of the spine and extremities. Physician notes dated 3/16/2015 show complaints of low back pain and cognitive decline. Recommendations include continuing Oxycodone, Oxycontin, Duloxetine, Armodafanil, and Trimipramine, and neuropsychological testing. A Utilization Review determination was rendered recommending non certification for 12 PT visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x12 visits: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 22, 46-47, 96-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that Physical Therapy (PT) can be utilized for the treatment of exacerbation of musculoskeletal pain. The utilization of PT can result in improvement in range of motion and mobility as well as reduction in pain and medication requirement. The records indicate that the patient initially reported significant gains following PT but there was exacerbation of the symptoms with functional decline. Any additional supervised PT treatments will be beneficial because of potential improvement in physical function and reduction in the dosage of opioids and sedatives that can be contributing to the cognitive decline and falls. The criteria for 12 PT was met.