

Case Number:	CM15-0087459		
Date Assigned:	05/11/2015	Date of Injury:	01/23/2015
Decision Date:	06/11/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/06/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 72 year old male sustained an industrial injury to the back and right ankle/foot on 1/23/15. The injured worker had caught his foot on carpet and fallen, sustaining a right fifth metatarsal fracture. Documentation included a podiatry discharge note dated 4/9/15, in which the physician stated that the injured worker's right fifth metatarsal fracture was resolved. The injured worker could return to work without restrictions. In a PR-2 dated 4/10/15, the injured worker complained of continuing low back pain, rated 6/10 on the visual analog scale, with radiation to bilateral lower extremities. Physical exam was remarkable for lumbar spine with tenderness to palpation, unrestricted range of motion, normal gait pattern and positive bilateral straight leg raise. Heel and toe ambulation caused no increase in back pain. Current diagnoses included lumbar spine sprain/strain and spasm and lumbar spine radiculopathy. The treatment plan included magnetic resonance imaging lumbar spine, chiropractic therapy and Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy Evaluation and Treatment (3 times per wk for 2 wks) Cervical /Lumbar spine, 6 sessions Spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines (3) Low Back - Lumbar & Thoracic (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work-related injury in January 2015 with a right fifth metatarsal fracture. As of 04/09/15, the fracture had healed and he was discharged from podiatric care. When seen the next day, he had low back pain with radiating symptoms rated at up to 6/10. There was lumbar spine tenderness with muscle spasms and positive straight leg raising. Additional testing and 6 sessions of therapy was requested. The claimant is now being treated for lumbar radicular symptoms for which guidelines recommend up to 12 therapy treatments over 8 weeks. Under the chronic pain treatment guidelines, a six-visit trial with a formal reassessment prior to continuing therapy could be recommended. In this case, the number of visits requested is consistent with either guideline recommendation and can be considered medically necessary.