

Case Number:	CM14-0182466		
Date Assigned:	11/07/2014	Date of Injury:	01/22/2014
Decision Date:	12/17/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/03/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant sustained an industrial injury on 01/22/2014. The mechanism of injury occurred when the claimant injured his low back while pulling and cutting a bush out of the planter bed. His diagnoses include lumbago, myalgia/myositis, and sacroilitis. He continues to complain of low back pain. On physical exam he has spasms in the paraspinous muscles and decreased range of lumbar motion. Straight leg raising aggravates the low back pain without radiation. Treatment has consisted of medical therapy, physical therapy, and an epidural steroid injection. The treating provider has requested physical therapy: 2 sessions, and Voltaren Gel 1 %.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation ACOEM Guidelines, Physical Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: Per California MTUS Treatment Guidelines 2009, physical therapy is indicated for the treatment of chronic low back pain. Recommendations state that for most

patients with more severe acute and subacute low back pain conditions 8 to 12 visits over a period of over 6 to 8 weeks is indicated as long as functional improvement and program progression are documented. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. In this case the claimant has completed 6 physical therapy sessions. Medical necessity for the requested additional 2 physical therapy sessions has been established. The requested service is medically necessary.

Voltaren gel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: The documentation indicates that the claimant has low back pain. Per California MTUS Guidelines, topical non-steroidal anti-inflammatory medications are used for the treatment of osteoarthritis particularly the knee. There is little evidence that supports them as a treatment option for low back conditions. The duration of effect is for a period of 4 to 12 weeks with reported diminished effectiveness over time. Medical necessity for the requested item has not been established. The requested treatment is not medically necessary.