

Case Number:	CM14-0168027		
Date Assigned:	10/15/2014	Date of Injury:	07/10/2014
Decision Date:	01/05/2015	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/13/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Florida. 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 patient is a 35 year old male who was injured on 7/10/ 2014. The diagnoses are low back pain, muscle spasm and sciatica. The patient completed PT and chiropractic treatments. The 2014 MRI of the lumbar spine showed L4-L5 disc bulge, central canal stenosis and contact with left L4 nerve root. There was multilevel facet arthropathy. The medical records provided were from the [REDACTED]. It was recommended that patient follow up with Orthopedist but there was no report from the Orthopedist or the Treating Chiropractic Doctor provided for this review. On 8/20/2014, [REDACTED] noted subjective complaint of low back pain radiating to the lower extremity. There was objective tenderness of the lumbar paraspinal muscles and positive straight leg raising test with reduced range of motion of the lumbar spine. The neurological examination was reported as intact. The medications are ibuprofen and hydrocodone for pain and cyclobenzaprine for muscle spasm. A Utilization Review determination was rendered on 9/10/2014 recommending non certification for Physical Therapy X3 per week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x week for 4 weeks: 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 9792.24.2 Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that physical therapy treatments can be utilized for the treatment of musculoskeletal pain that did not respond to treatment with standard NSAIDs medications. The records indicate that the patient have utilized multiple medications for the treatment of low back pain for many months. The patient had been referred several times for orthopedist evaluation but there was no documentation provided to show if the patient was evaluated. There was no detail of the completed chiropractic treatments provided for this review. The criteria for PT 3 X week for 4 weeks was not met.