

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0010920 | | |
| Date Assigned: | 01/28/2015 | Date of Injury: | 07/22/2014 |
| Decision Date: | 03/18/2015 | UR Denial Date: | 12/29/2014 |
| Priority: | Standard | Application Received: | 01/20/2015 |

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, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 20 year old female, who sustained a work related injury on 7/22/14. The diagnoses have included lumbar radiculopathy. Treatments to date have included oral medications, rest and work modifications. The injured worker complains of incapacitating pain in back. On 12/29/14, Utilization Review non-certified a request for additional physical therapy 2 x 3. The California MTUS, Chronic Pain Treatment Guidelines, were cited. On 12/29/14, Utilization Review certified a request for a physical medicine consult and treatment. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2x3 for the low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Discussion Page(s): 6, 8. Decision based on Non-MTUS Citation Preface; Low Back - Lumbar & Thoracic (Acute & Chronic)

Decision rationale: The injured worker sustained a work related injury on 7/22/14. The medical records provided indicate the diagnosis of lumbar radiculopathy. Treatments have included Norco, Flexeril, eight sessions of physical therapy, transfer to various specialists. She is reported to be off work due to severe pain. The medical records provided for review do not indicate a medical necessity for additional physical therapy 2x3 for the low back. The Chronic pain guidelines were used due to the chronicity of the injury. The Official Disability Guidelines recommend a total of 8-12 Physical therapy visits for Sciatica; Thoracic/lumbosacral neuritis/radiculitis, unspecified, but recommended that the injured worker be reassessed after an initial six visits. The records indicate she did not improve after 8 visits, she cancelled her Epidural steroid injection appointment. The MTUS states, "Studies have shown that the longer a patient remains out of work the less likely he/she is to return. Similarly, the longer a patient suffers from chronic pain the less likely treatment, including a comprehensive functional restoration multidisciplinary pain program, will be effective...the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities."