

Case Number:	CM15-0013434		
Date Assigned:	02/02/2015	Date of Injury:	09/30/2013
Decision Date:	03/25/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/23/2015

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 37 year old male, who sustained an industrial injury on 9/30/2013. The diagnoses have included displaced lumbar intervertebral disc and sciatica. Treatment to date has included physical therapy, epidural injection and pain medications. A physical therapy note from 11/19/2014 documented that the injured worker had received 16 authorized treatments. He was noted to have progressed to his tiered exercise program and management activities. He was discharged to a home program. According to the note dated 1/13/2015, the injured worker complained of low back pain and right sciatica. He complained of constant ache and fatigue. The pain was associated with radiating upper back pain described as spasm. The pain was rated 3/10. The quality of the pain was aching and cramping. The injured worker was noted to have had approximately 25 previous physical therapy sessions. Exam of the lumbar spine revealed pain upon terminal flexion, relieved with extension. There was tenderness to palpation to central and bilateral lumbar paraspinals. The injured worker had a goal of improving his exercise tolerance. The treatment plan was for Celebrex 20mg twice a day as necessary and physical therapy one time a week for 7 weeks. On 1/20/2015, Utilization Review (UR) modified a request for physical therapy one time a week for seven weeks, Quantity 7 to physical therapy for an additional four visits in treatment of the low back, Quantity 4, citing Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) Guidelines and Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 1 x 7 for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, 301.

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

Decision rationale: The injured worker sustained a work related injury on 9/30/2013. The medical records provided indicate the diagnosis of displaced lumbar intervertebral disc and sciatica. Treatment to date has included physical therapy, epidural injection and pain medications. The medical records provided for review do not indicate a medical necessity for Physical therapy 1 x 7 for the low back. The MTUS recommends a fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified: 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified: 8-10 visits over 4 weeks. The 25 sessions he has received exceeds the recommended number by the MTUS.