

Case Number:	CM15-0114159		
Date Assigned:	06/22/2015	Date of Injury:	11/26/2000
Decision Date:	07/21/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/12/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is a 48 year old male who sustained an industrial injury on 11/26/00. The mechanism of injury is unclear. He currently complains of low back pain. He uses a cane for ambulation. Medications are Percocet, Lexapro, ibuprofen, Colace, Trazodone, Prilosec, Lactulose solution. Diagnoses include lumbar discogenic pain; non-industrial umbilical hernia (8/2011); depression, secondary to chronic pain. Treatments to date include Intradiscal Electrothermal L5-S1 (4/2002) without much benefit; physical therapy that was helpful; medications which are helpful. Diagnostics include MRI of the lumbar spine (8/2011) showing annular tear at L4-5. In the progress note dated 5/27/15 the treating provider's plan of care includes request for additional six sessions of physical therapy, he has experienced improved mobility and decrease in pain with prior sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: 6 sessions of physical therapy is not medically necessary. Page 99 of Ca MTUS states physical therapy should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. For myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, neuralgia, neuritis, and radiculitis, unspecified (ICD-9 729.2) 8-10 visits over 4 weeks is recommended. The claimant's medical records indicated that he had prior physical therapy visits which was helpful; however, there is lack of documentation that the claimant participated in active self-directed home physical medicine to maximize his benefit with physical therapy; therefore, the requested service is not medically necessary.