

Case Number:	CM15-0046552		
Date Assigned:	03/18/2015	Date of Injury:	08/27/2013
Decision Date:	04/23/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/11/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 29 year old male who sustained an industrial injury on 8/27/13. The injured worker reported symptoms in the back. The injured worker was diagnosed as having right L4-5 disc degeneration, right L4-5 disc displacement and right lower extremity radiculopathy. Treatments to date have included chiropractic treatment, non-steroidal anti-inflammatory drugs, ice/heat application, and oral steroids. Currently, the injured worker complains of pain in the lower back with radiation to the right buttocks. The plan of care was for medication prescriptions, Physiotherapy and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy for the lumbar spine, twice weekly for three weeks: 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 Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times three weeks to the lumbar spine is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are right L4 - L5 disc degeneration; right L4 - L5 disc displacement; and right lower extremity radiculopathy. A progress note dated November 24, 2014 and December 22, 2014 shows the injured worker was taking two nonsteroidal anti-inflammatory drugs Celebrex 200 mg and ibuprofen 800 mg. It was no clinical rationale for the use of two nonsteroidal anti-inflammatory drugs. The VAS pain scale was 4-5/10 without medication and 3/10 with medication. In a February 3, 2015 progress note, the VAS pain scale was 4/10 without medication and 2-3/10 with medication. Celebrex was discontinued. The documentation does not indicate that Celebrex and Motrin should not be taken concurrently because both Celebrex and Motrin are nonsteroidal anti-inflammatory drugs and perform the same function. The potential for adverse effects increases when two nonsteroidal anti-inflammatory drugs are taken concurrently. The injured worker completed six physical therapy visits. Subjectively, there is a mild improvement based on the VAS pain scales (supra). However, in a progress note dated January 28, 2015, the treatment rendering provider, [REDACTED], a chiropractor located in the same office as the requesting physician, indicated in a progress note January 28, 2015 that the patient was sent for chiropractic care, physiotherapy, consisting of chiropractic manipulation therapy, exercise rehabilitation, myofascial release, joint mobilization therapy, electric muscle stimulation for six visits. Today's is visit 5/6. Subjectively, according to treating provider, the injured worker complained of low back pain with a pain scale of 7/10 with medication, which increased to 8-9/10 without medication. Objectively, there was tenderness to palpation and spasm noted. The VAS pain scale documented by the treating physician and the treating provider conflict with one another. There appears to be minimal improvement, if any, based on the documentation in the record. Patient should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). Consequently, absent clinical documentation with objective functional improvement (at visit five out of six), physical therapy (additional) two times per week times three weeks to the lumbar spine is not medically necessary.