MAXIMUS Federal Services

Case Number:	CM15-0064984		
Date Assigned:	04/13/2015	Date of Injury:	09/11/2014
Decision Date:	05/11/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/06/2015

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
Certification(s)/Specialty: Emergency 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 34 year old male who sustained a work related injury September 11, 2014. While pulling a bow weighing approximately 250 pounds into a trailer, he felt on onset of low back pain. X-rays were performed and he received treatment with medication, a back support, crutches, and physical therapy. According to a primary treating physician's progress report, dated March 16, 2015, the injured worker presented with complaints of constant severe, sharp, stabbing, and burning low back pain, rated 8/10, with numbness and tingling. There has been relief with medication and physical therapy. He was seen by an orthopedic physician 2/25/2015 (report not available in medical record) who recommended injection for the lumbar spine. He does suffer from depression, anxiety and irritability. Diagnoses included lumbar disc protrusion muscle spasm and pain; lumbar radiculopathy; lumbar sprain/strain; anxiety and depression. Treatment plan included awaiting orthopedic report for review; physical therapy 2 x 4, referral to pain management for medications and treatment and request for psychological evaluation and/or treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x4: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Complaints, Physical Therapy.

Decision rationale: CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Low Back Complaints, Page 300 and Official Disability Guidelines, Low Back Complaints, Physical Therapy, recommend continued physical therapy with documented derived functional benefit. The treating physician has documented lumbar disc protrusion muscle spasm and pain; lumbar radiculopathy; lumbar sprain/strain; anxiety and depression. The treating physician has not documented sufficient objective evidence of derived functional benefit from completed physical therapy sessions. The criteria noted above not having been met, Physical therapy 2x4 is not medically necessary.

Psyche evaluation and/or treatment based on outcome of eval: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment,Pages 101-102 Page(s): 101-102.

Decision rationale: The requested Psyche evaluation and/or treatment based on outcome of eval, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Psychological Treatment, Pages 101-102, note that psychological treatment is recommended for appropriately identified patients during the treatment for chronic pain. The treating physician has documented lumbar disc protrusion muscle spasm and pain; lumbar radiculopathy; lumbar sprain/strain; anxiety and depression. The treating physician has documented sufficient medical necessity for a psych evaluation but the medical necessity for subsequent treatment has yet to be established. The criteria noted above not having been met, Psyche evaluation and/or treatment based on outcome of eval is not medically necessary.