MAXIMUS Federal Services

Case Number:	CM15-0068260		
Date Assigned:	04/15/2015	Date of Injury:	01/19/2011
Decision Date:	05/26/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/10/2015

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: Pennsylvania, Ohio, California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 65 year old female patient who sustained an industrial injury on 01/19/2011. A primary treating office visit dated 01/13/2015 reported subjective complaints of chronic low back pain. She reports continued low back pain with intermittent numbness to bilateral lower extremities. The patient reports the pain is improved with rest, Epsom salt baths, and medications. The patient reports using Naproxen, Venlafaxine, and Protonix. She also states having had used Lidopro ointment in the past with some good effect. The patient states would like to avoid any injections if possible. In addition, she reports having had undergone some physical therapy with initial injury. She reports feeling depressed. Previous diagnostic testing included: magnetic resonance imaging. Current medications are: Buprenorphine, Naproxen, Pantoprazole, and Venlafaxine. She is diagnosed with lumbar disc displacement without myelopathy. The plan of care involved refilling medications to include Lidopro. She is to follow up in 4 weeks. A follow up visit dated 11/18/2014 reported the patient with subjective complaint of chronic low back pains. Her pain is rated a 10 out of 10 in intensity. The colder weather has made her pain worse. She is permanent and stationary. There were no diagnoses changes and she will follow up in 2-4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar spine qty: 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Low Back Chapter (Acute and Chronic) last updated 03/03/15.

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

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.