

Case Number:	CM15-0069596		
Date Assigned:	04/17/2015	Date of Injury:	06/21/2014
Decision Date:	05/22/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/13/2015

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: Family Practice

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 31-year-old male who sustained an industrial injury on 06/21/2014. Current diagnoses include sprain/strain lumbosacral and lumbago. Previous treatments included medication management and physical therapy. Previous diagnostic studies included urine drug screening, x-rays of the lumbar spine, and an EMG/NCS. Initial complaints included a sharp pain in the lower back while pulling a busing tray full of dishes. Report dated 03/11/2015 noted that the injured worker presented with complaints that included left sided back pain and at times extends to the left thigh. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included continuation with physical therapy. The injured worker noted that the previous physical therapy has helped and that the pain has decreased. Disputed treatments include physical therapy 2 Times A Week for 4 Weeks for The Lumbar Spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 Times A Week for 4 Weeks for The Lumbar Spine: Upheld

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

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment guidelines comment on the use of physical therapy as a treatment modality. In general, this guideline provides recommendation for the number of approved visits; based on the nature of the diagnosis and recommend that as part of the treatment program, patients are helped towards a self-directed home exercise program. The specific physical medicine guidelines are: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercise program. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2):8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. In this case, the patient has already received at least 8 sessions of physical therapy for neuralgia of the lower back. Under these conditions, it would be expected, per the above cited guidelines, that the patient is now able to participate in a self-directed home exercise program. There is no information in the record to indicate why the patient has not been advanced to a home exercise program or if there are any barriers in doing so. Given that the patient has reached the maximum number of treatment sessions for the given diagnosis, additional physical therapy 2 times a week for 4 weeks for the lumbar spine is not medically necessary.