

Case Number:	CM15-0081948		
Date Assigned:	05/04/2015	Date of Injury:	04/20/2012
Decision Date:	10/06/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/29/2015

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: Arizona, 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:

This 59-year-old male sustained an industrial injury on 4-20-12. Diagnoses include lumbar strain and lumbar radiculopathy. Treatments to date include MRI testing, physical therapy and prescription pain medications. The injured worker has continued complaints of low back pain. The pain has affected the injured worker's activity level. The injured worker has remained off work. Upon examination of the lumbar spine, range of motion is reduced. Tenderness and spasm was noted in the lumbar paravertebral musculature. Diminished sensation over the S1 dermatome was noted. A request for Physical therapy evaluate and treatment 3x3 was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy evaluate and treatment 3x3: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. In this case, the claimant had completed an unknown amount of therapy in the past. The claimant was already doing home exercises. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. In addition, the 9 additional sessions exceeds the guidelines recommendations. Consequently, additional therapy sessions are not medically necessary.