

Case Number:	CM14-0201842		
Date Assigned:	12/12/2014	Date of Injury:	03/02/2011
Decision Date:	01/28/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	12/02/2014

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. The expert reviewer is Board Certified in Physical Medicine Rehab, has a subspecialty in Pain Medicine and is licensed to practice in Massachusetts. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

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 claimant has a history of a work injury occurring on 02/25/11 with injury to the low back. An MRI of the lumbar spine in May 2012 showed findings of multilevel disc protrusions with facet hypertrophy. He was seen by the requesting provider on 03/31/14. He was having back pain with pins and needles sensation in both feet and difficulty sleeping. Pain was rated at 6/10. Physical examination findings included lumbar paraspinal muscle tenderness with decreased first toe extension strength and decreased patellar reflexes. There was an antalgic gait. He had left trochanteric tenderness. Medications were refilled. Authorization for a repeat lumbar epidural steroid injection was requested. On 05/20/14 he had increased pain after missing an appointment and was not taking medications. Pain was rated at 9/10. Medications were refilled. Urine drug screening results were reviewed. The epidural injection was performed on 06/26/14. On 08/18/14 pain was rated at 4-7/10. Physical examination findings appear unchanged. Authorization for a left trochanteric bursa injection and for physical therapy for core muscle strengthening was requested. On 09/15/14 pain was rated at 4-7/10. Physical examination findings included appearing in mild distress. He was continuing to take medications. Recommendations included exercise and stretching. His medications were refilled. Authorization for physical therapy was again requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions of Physical Therapy Over 6 Weeks for The Lumbar Spine, Right Shoulder, Pelvic Region/Thigh: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant is nearly 4 years status post work-related injury and continues to be treated for chronic low back pain. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the claimant had increasing pain and was being treated with medications and had undergone a lumbar epidural steroid injection. The number of requested treatment sessions is within guideline recommendations and the goal of therapy is clearly stated. The requested therapy sessions therefore, were medically necessary.