

Case Number:	CM14-0203651		
Date Assigned:	12/16/2014	Date of Injury:	12/14/1998
Decision Date:	09/22/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/05/2014

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. 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 61 year old male who reported an industrial injury on 12-14-1998. His diagnoses, and or impression, were noted to include: low back pain with anterior thigh pain in the setting of spinal stenosis with disc degeneration and herniation. No current imaging studies were noted. His treatments were noted to include: diagnostic x-rays of the lumbar spine (9-8-14); home pool therapy; medication management; and a return to full work duties though he was noted to be off work due to his heart. The progress notes of 10-26-2014 noted a follow-up visit for continued, with slight improvement, of moderate low back pain that radiated to the anterior thighs and knees. Objective findings were noted to include: no abnormal assessment findings and good flexibility at the waist; and that he had not had physical therapy in a long time and stated he would like some. The physician's requests for treatments were noted to include physical therapy 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 for the lumbar spine QTY: 12.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant has a remote history of a work injury occurring in December 1998 and continues to be treated for low back and anterior thigh pain. When seen, pain was rated at 4-5/10. He was performing pool exercises on his own. No abnormal physical examination findings were recorded. He was continued at unrestricted work and medications were refilled. He was referred for physical therapy which he had not had over the previous 12 months. The claimant is being treated for chronic pain with no new injury and is already performing exercises on his own. There are no identified impairments. 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 number of visits requested is in excess of that recommended or what might be needed to revise a home exercise program. The request is not medically necessary.