

Case Number:	CM15-0103168		
Date Assigned:	06/05/2015	Date of Injury:	07/26/2011
Decision Date:	07/07/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/29/2015

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: 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:

The injured worker is a 48-year-old male, with a reported date of injury of 07/26/2011. The diagnoses include spinal stenosis of the lumbar region, and chronic low back pain with right leg numbness. Treatments to date have included x-rays of the lumbar spine on 01/22/2015 showed lumbar scoliosis with apex at L3-4 and slight lateral listhesis at L3-4 and L2-3 with retrolisthesis at L5-S1 with about 4 mm of retrolisthesis at L5-S1; physical therapy; oral medications; an MRI of the lumbar spine on 03/12/2015 which showed signs of disc desiccation and neuroforaminal narrowing bilaterally at L3-4. The progress report dated 05/07/2015 indicates that the injured worker still had low back pain, which is what bothered him the most. He had tingling down the back to his right leg to the foot. It was noted that the injured worker had four (4) sessions of physical therapy. It was also noted that the physical therapy helped with the spasms that he was having, but he still had the pain. The pain had not resolved. The physical examination of the lumbar spine showed normal lordosis, no scars, normal gait, ability to heel-toe walk without difficulty, tenderness to palpation in the low lumbar region facet joint area of the right, decreased lumbar range of motion, lumbar extension produced more low back pain and right leg pain, positive straight leg raise test with radiation down the right leg. The physical therapy progress note dated 05/01/2015 indicates that the injured worker had attended three treatment sessions since the evaluation. The treatment to date had focused on the injured worker's chief complaints of low back pain, numbness, and pain. He reported his pain 5 out of 10. The injured worker's functional status remained the same. It was noted that the injured worker reported that he was already feeling better through the therapy; however, he remained very stiff through his

neck and lower back. The provider documented that the injured worker still had substantial functional limitations due to his pain level and poor flexibility through the lumbar spine. It was also documented that he would benefit from further physical therapy to improve core strength, increase hip flexibility, and reduce pain levels to return to normal activities of daily living. The treating physician requested eight (8) physical therapy sessions for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 physical therapy treatments for the lumbar spine: Upheld

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

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 sustained a work-related injury in July 2011 and continues to be treated for lumbar spinal stenosis. Treatments have included medications, injections, and physical therapy with constant pain and significant functional limitations. When seen, he had ongoing back pain after completing three physical therapy treatments. There was pain with lumbar spine range of motion and facet tenderness. He has right lower extremity weakness and decreased sensation. Authorization for an additional 8 physical therapy treatments was requested. The claimant is being treated for chronic 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, when requested, he had ongoing symptoms and had not completed the trial of therapy. The number of requested treatments does not reflect a fading of treatment frequency. Requesting additional physical therapy at that time was not medically necessary.