MAXIMUS Federal Services

Case Number:	CM15-0104413		
Date Assigned:	06/08/2015	Date of Injury:	07/17/2013
Decision Date:	07/09/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/01/2015

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 52-year-old male, who sustained an industrial injury on 7/17/13. The diagnoses have included status post back surgery with residual burning and radicular low back pain; rule out lumbar disc displacement Herniated Nucleus Pulposus (HNP) and rule out lumbar radiculopathy. Treatment to date has included medications, activity modifications, diagnostics, epidural steroid injection (ESI), facet rhizotomy and ablation, surgery and physical therapy. Currently, as per the physician progress note dated 5/6/15, the injured worker is status post back surgery with residual burning radicular low back pain. The pain is rated 5-6/10 on pain scale. The pain is associated with numbness, tingling in the bilateral extremities, and aggravated by activities. He states that the symptoms persist both the medications offer him temporary relief of pain and help him to sleep. The physical exam of the lumbar spine reveals tenderness to palpation , decreased range of motion, decreased sensation to pinprick and light touch at the L4,L5 and S1 dermatomes bilaterally, and motor strength is 4/5 in the bilateral lower extremities. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine dated 4/8/14 reveals degenerative disc disease (DDD) , lumbar facet arthropathy, disc protrusion, facet degenerative changes, and stenosis with possible mass effect on the nerve root. Magnetic Resonance Imaging (MRI) of the lumbar spine dated 8/20/14 reveals degenerative disc disease (DDD), facet arthropathy, disc protrusion, and stenosis. There was previous therapy sessions noted in the records. The injured worker is on temporary total disability from 5/6/15 through 6/10/15. The physician requested treatment included Physical therapy 2 times a week for 4 weeks.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

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 injury and July 2013 and continues to be treated for radiating back pain. When seen, pain was rated at 5-6/10. Medications were providing temporary pain relief. Physical examination findings included decreased spinal range of motion with decreased lower extremity strength and sensation. The claimant is being treated for chronic pain. There is no new injury. 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 would be needed to reestablish or revise a home exercise program. The request is not medically necessary.