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| Case Number: | CM15-0105634 | | |
| Date Assigned: | 06/10/2015 | Date of Injury: | 02/19/2013 |
| Decision Date: | 07/10/2015 | UR Denial Date: | 05/18/2015 |
| 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:

This 52 year old male sustained an industrial injury to the low back on 3/18/11. Previous treatment included magnetic resonance imaging, physical therapy, chiropractic therapy, epidural steroid injections and medications. In an initial pain management consultation dated 5/5/15, the injured worker complained of left buttock pain rated 9/10 on the visual analog scale associated with numbness of the left leg and foot and weakness of the left leg. The physician noted that the problem had been episodic with a recurrence in 2013 and last year, both of which resolved with physical therapy. Magnetic resonance imaging lumbar spine (2/16/13) showed disc bulge and disc herniation with spinal stenosis. Electromyography (3/5/13) was normal. The physician noted that the last physical therapy was about 1½ years ago. Physical exam was remarkable for tenderness to palpation at the left posterior superior iliac spine and left low lumbar facet joints with normal lumbar spine range of motion, and intact sensation to bilateral lower extremities. Current diagnoses included lumbar disc herniation, lumbar spine sprain/strain and lumbar spine spondylosis. The treatment plan included a trial of Tramadol, a urine drug screen and a trial of physical therapy.

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 3 weeks for the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Low Back Chapter - Lumbar & Thoracic (Acute & Chronic).

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 in March 2011 and continues to be treated for left buttock and left lower extremity pain with lower extremity numbness and weakness. Prior treatments have included chiropractic care and physical therapy more than one year previously. When seen, there was left lower lumbar facet and posterior superior iliac spine tenderness. There was pain with spinal range of motion. Straight leg raising was negative. He was referred for physical therapy. Tramadol was prescribed. There was consideration of diagnostic medial branch blocks depending on his response to these treatments. 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, the number of visits requested is consistent with that recommended and what might be anticipated in terms of hopefully reestablishing or revising a home exercise program. The request was medically necessary.