

Case Number:	CM15-0107047		
Date Assigned:	06/11/2015	Date of Injury:	06/20/1994
Decision Date:	07/16/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/04/2015

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 (n) 50 year old female, who sustained an industrial injury on 6/20/94. She reported pain in her lower back. The injured worker was diagnosed as having lumbar radiculopathy, post-lumbar laminectomy syndrome and depression. Treatment to date has included an EMG study on 1/17/13, a TENs unit, physiotherapy treatments x 12 and a home exercise program. Current medications include Bupropion, Lyrica, Prilosec, Lidoderm patch, Tizanidine and Diclofenac. On 3/19/15, the injured worker rated her pain a 4/10 in her lower back and bilateral hips. As of the PR2 dated 4/30/15, the injured worker reports pain in her lower back, left hips and right hip. She rates her pain an 8/10 and she is unable to tolerate work activities. Objective findings include a positive straight leg raise test on the right at 40 degrees and 60 degrees on the left, decreased lumbar range of motion and a negative Faber's test in the bilateral hips. The treating physician requested physical therapy x 12 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:

12 physical therapy sessions for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, 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 June 1994 and continues to be treated for low back pain. When seen, pain was rated at 4-9/10. There had been no change since the previous visit. There was paraspinal muscle spasms with tenderness and trigger points and spinous process tenderness. Straight leg raising was positive. There was decreased left lower extremity strength and sensation and an absent right ankle reflex. 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 expected to reestablish or revise a home exercise program. The request is not medically necessary.