

Case Number:	CM15-0131064		
Date Assigned:	07/23/2015	Date of Injury:	05/29/2008
Decision Date:	08/19/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	07/07/2015

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 is a 58-year-old male with a May 29, 2008 date of injury. A progress note dated May 21, 2015 documents subjective complaints (lower back pain that is worsening; pain radiates to the legs; muscle spasms of the low back), objective findings (right hip flexion refers pain to the lower back; pain with lumbar spine range of motion; restricted range of motion of the lumbar spine; left calf larger than right), and current diagnoses (thoracic or lumbar radiculitis; lumbosacral spondylosis; lumbago; cervicgia). Treatments to date have included physical therapy that has offered great relief, over the counter medications, and exercise. The treating physician documented a plan of care that included physical therapy for the lumbar spine, Graston technique.

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, Graston Technique, 2 x 6: Upheld

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

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 May 2008 and is being treated for radiating low back pain and muscle spasms. When seen, there were worsening symptoms. Over the counter medications and physical therapy provided symptom relief. He was remaining active including lifting weights and participating in high-intensity interval training (HIIT) classes. His BMI was over 30. There was decreased and painful lumbar range of motion and low back pain with hip flexion. Physical therapy was requested. The claimant is being treated for chronic pain with no new injury and has already had physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. 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 reestablish or revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.