

Case Number:	CM15-0132806		
Date Assigned:	07/20/2015	Date of Injury:	05/12/2013
Decision Date:	08/25/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/09/2015

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 25 year old female, who sustained an industrial injury on 5/12/13. Initial complaint was of her low back pain. The injured worker was diagnosed as having; lumbosacral sprain; lumbago; lumbar radiculopathy. Treatment to date has included chiropractic therapy; urine drug screening; medications. Diagnostics studies included MRI lumbar spine (5/13/14); EMG/NCV study lower extremities (11/19/14). Currently, the PR-2 notes dated 5/15/15 indicated the injured worker presented on this date for a follow-up examination. She complains of pain in the lower back and right foot with radiation to the right leg. The pain is associated with tingling, numbness and weakness of the left leg. The pain is moderate to severe in intensity and constant in frequency. She has been authorized for 6 chiropractic visits that started on 3/30/15. On a pain scale she rates her pain as an 8/10 on this date, but 5 at its best and 9 at its worst. She describes this pain as sharp, dull, aching and cramping. The pain is aggravated by bending forward, backwards, coughing and straining, bowel movements, prolonged standing, sitting and walking. It is relieved by medications, rest, lying down and relaxing. Her symptoms have been unchanged since the injury. Her back pain is 60% of her overall pain and her left leg is 40%. She can walk one block before having to stop due to her pain. She has limited her functional activities due to pain. On physical examination, the provider notes the sciatic notch is tender on the right, but there is no spinous process tenderness or palpable masses along the lumbar spine. There is negative lumbar facet loading maneuver and positive straight leg raise on the right in seated and supine positions to 20 degrees. There is normal bulk and tone in all major muscle groups of the upper and lower extremities with motor strength 5/5 and symmetrical throughout

the bilateral upper and lower extremities. She has diminished sensation in the S1 dermatomes of the lower extremities. An EMG/NCV study lower extremities dated 11/19/14 was normal. The March 25, 2015 Qualified Medical Evaluation report documents a MRI of the lumbar spine done on 5/13/14 revealing a L5-S1 mild annular disc bulge and no central canal stenosis or neural foraminal narrowing. The provider is requesting authorization of physical therapy two times a week for five weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two (2) times a week for five (5) weeks for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 2, 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 injury in May 2013 and continues to be treated for back pain radiating into the lower extremities and is also being treated for major depressive disorder. Treatments have included acupuncture and there is documentation of 15 chiropractic treatment sessions. When seen, pain was rated at 5-9/10. There was right sciatic notch tenderness and positive right straight leg raising. Lumbar facet loading was negative. There was decreased lower extremity sensation with normal strength. There was a normal gait without use of an assistive device. Recommendations included continued chiropractic care and 10 sessions of physical therapy was requested. The claimant is being treated for chronic pain with 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 might be needed to determine whether continuation of physical therapy was likely to be effective. The request was not medically necessary.