

Case Number:	CM15-0137458		
Date Assigned:	07/27/2015	Date of Injury:	10/29/2014
Decision Date:	08/24/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/15/2015

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 male, who sustained an industrial injury on October 29, 2014. He reported a fall to the right side of this body and was diagnosed with neck strain, shoulder strain and contusion and left ankle contusion. Treatment to date has included physical therapy, work modifications, medications, MRI of the lumbar spine, and transforaminal epidural steroid injection. Currently, the injured worker complains of low back pain with radiation of pain down to the posterior lateral thighs and calves. He reports that a recent transforaminal epidural steroid injection did not help with his pain. He reports that he uses gabapentin three times per day and the medication causes some sedation. He reports that he has much pain at night and the pain will wake him up. On physical examination the injured worker has positive straight leg raise tests bilaterally and his sensation to light touch was intact. An MRI of the lumbar spine on April 9, 2015 revealed mild degenerative lumbar disc disease of L4-5 and L5-S1. The diagnoses associated with the request include L5-S1 small disc protrusion and bilateral L5-S1 radiculopathy. The treatment plan includes continuation of gabapentin, trial of amitriptyline and eight sessions of physical therapy to improve the lumbar range of motion and radicular signs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for low back x 8: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

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 October 2014 and continues to be treated for constant low back pain. When seen, prior treatments had included 12 physical therapy sessions without relief, medications, and a lumbar epidural steroid injection. His BMI was over 29 with an otherwise normal examination. The claimant is being treated for chronic pain with no new injury and has already had physical therapy without benefit. 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 any more effective than previously. The request was not medically necessary.