

Case Number:	CM15-0138408		
Date Assigned:	07/28/2015	Date of Injury:	01/16/2014
Decision Date:	08/25/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/16/2015

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 68 year old female, who sustained an industrial injury on 1/16/2014. Diagnoses have included degeneration of lumbar or lumbosacral intervertebral disc and osteoarthritis, generalized, multiple sites. Treatment to date has included physical therapy, magnetic resonance imaging (MRI) and medication. According to the progress report dated 6/4/2015, the injured worker complained of pain in her back, left groin and left flank. She rated her pain as six to seven out of ten. Current medications included Dilaudid, Norco and Valium. It was noted that the injured worker had physical therapy in January of 2014 with a small amount of relief. It was also noted that the injured worker continued to have physical therapy and was continuing with pain management. Physical exam revealed that the injured worker had increasing pain when flexing forward and when extending back. Authorization was requested for physical therapy 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 three times a week for six weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine 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 (30 Low Back - Lumbar & Thoracic (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work-related injury in January 2014 and continues to be treated for left groin, flank, and low back pain. The claimant was evaluated for physical therapy for low back pain in March 2015 and attended at least four treatment sessions. When seen, there was a shuffling gait c/s the claimant's medical history which included Parkinson disease. There was mild pain at the extremes of lumbar range of motion which was full. There was non-radiating pain with flexion and extension. There was a normal lower extremity and neurological examination. Authorization for up to an additional 16 therapy treatments was requested. The claimant is being treated for chronic pain with no new injury and has recently 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 and, if not chronic, a total of 9 therapy treatment sessions over 8 weeks. In this case, the number of visits requested is in excess of both recommendations or what might be needed to reestablish or revise a home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.