

Case Number:	CM15-0138541		
Date Assigned:	07/28/2015	Date of Injury:	10/12/2005
Decision Date:	09/04/2015	UR Denial Date:	07/01/2015
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 42 year old who male sustained an industrial injury on 10-12-05. Diagnoses are status post L4-5 laminectomy-discectomy-2002, L5-S1 laminectomy-discectomy 2006; with residuals, acute onset left lumbar and lower extremity radicular pain 6-2014, and medication induced gastritis. In a progress report dated 6-16-15, the primary treating physician notes low back pain persists with ongoing radicular symptoms to his left lower extremity, limiting his mobility and activity tolerance. His pain can go as high as 7 out of 10, but on his current medications, it is 5 out of 10. Electrodiagnostic studies demonstrate left L5 radiculopathy. He is status post lumbar laminectomy-discectomy in 2002 and L5-S1 laminectomy-discectomy in 2006. A laminectomy, discectomy and redo decompression at L4-5 and L5-S1 was recommended. Current analgesic medications are Ultracet and Anaprox. He has a mild antalgic gait, favoring the left lower extremity. Lumbar spine range of motion is decreased and tenderness to palpation is noted. Straight leg raise in the sitting position is positive. He had his second in a series of two lumbar epidural steroid injections on 1-15-15 with greater than 50% benefit. He received 4 trigger point injections. The request as recommended by his treating physical therapist, is for physical therapy to his lumbar spine 2 times a week for four more weeks. He is currently on his eleventh therapy session and has one more left. Work status is to return to work with no restrictions. The requested treatment is physical therapy, lumbar spine for 8 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, lumbar spine, 8 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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-related injury in October 2005 and is being treated for chronic radiating low back pain. When seen, there had been completion of 11 of 12 physical therapy sessions. There was increasing pain with limited mobility and activity tolerances. Pain was rated at 8/10. Further surgery was being considered. Physical examination findings included a BMI of nearly 30. There was an antalgic gait. There was decreased lumbar range of motion with muscle guarding and tenderness and numerous trigger points. There was decreased left lower extremity strength and sensation. Additional 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 claimant has had more than six treatments and has worsening symptoms. Further surgery is being considered. Additional physical therapy is not medically necessary.