

Case Number:	CM15-0138729		
Date Assigned:	07/28/2015	Date of Injury:	03/19/2014
Decision Date:	08/31/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/17/2015

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 injured worker is a 38 year old male who reported an industrial injury on 3-19-2014. His diagnoses, and or impression, were noted to include: lumbar degenerative disc disease, herniated nucleus pulposus, radiculopathy and facet arthropathy. Recent electrodiagnostic studies were done on 1-13-2015; no current imaging studies were noted. His treatments were noted to include: right lumbar facet injections on 2-18-2015; physical therapy; acupuncture therapy; medication management; and a return to full duty work. The progress notes of 2-19-2015 reported complaints of low back and right buttock pain. Objective findings were noted to include decreased reflexes in the right Achilles; positive right SLR with pain and numbness to the toes; decreased sensation in the right sacral 1 dermatome; a mildly antalgic gait pattern' and positive right-sided facet loading pain. The 4-16-2015 progress report noted a 65% relief following an injection. The physician's requests for treatments were noted to include additional physical therapy for lumbar stabilization.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 x 8 for lumbar stabilization, follow-up in 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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 March 2014 and continues to be treated for low back and right buttock and lower extremity pain. Treatments have included medications, acupuncture, injections, and physical therapy. When seen, there had been improvement after two sessions of physical therapy. The assessment references consideration of returning to perform gym based exercise is that he had learned. He was continuing to work with restrictions full-time. Prior treatments had included 18 sessions of physical therapy providing good pain relief. Pain was rated at 1-7/10. There had been improvement after a recent injection. Physical examination findings included eight BMI of over 42. There was decreased and painful lumbar spine range of motion. Imaging results were reviewed. Authorization for additional physical therapy was requested. The claimant is being treated for chronic pain with no new injury and has already had physical therapy with benefit including instruction in an independent exercise program and has completed two recent treatments. 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. In this case, the number of additional visits requested is well in excess of that recommended or what might be needed to finalize 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.