

Case Number:	CM15-0141582		
Date Assigned:	07/31/2015	Date of Injury:	07/19/2014
Decision Date:	08/28/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/21/2015

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 53 year old male, who sustained an industrial injury on 7-19-2014. The mechanism of injury was not noted. The injured worker was diagnosed as having lumbar disc protrusion, lumbar disc degeneration, and lumbar Radiculopathy. Treatment to date has included diagnostics, chiropractic, acupuncture, and medications. Most recently (5-20-2015), the injured worker complains of constant low back pain radiating to the lower extremities, with numbness and tingling, rated 8 out of 10. Exam noted decreased range of motion in the lumbar spine, tenderness to palpation along the lumbar spine, positive straight leg raise on the right 5 out of 5 muscle strength at the L5 and S1 dermatomes, and decreased sensation over the L5 and S1 dermatomes bilaterally. He was to continue a home exercise program. His work status was total temporary disability. The treatment plan included physical therapy for the lumbar spine, 2x4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy 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.

Decision rationale: The claimant sustained a work-related injury in July 2014 and is being treated for radiating low back pain. Treatments have included medications, acupuncture, and chiropractic care including a home exercise program. When seen, there was decreased lumbar spine range of motion with tenderness with decreased lower extremity strength and sensation and positive straight leg raising. Authorization for physical therapy was requested. The claimant is being treated for chronic pain with no new injury and has already had instruction in a home exercise program. 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. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise 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.