

Case Number:	CM15-0145344		
Date Assigned:	08/06/2015	Date of Injury:	10/22/2013
Decision Date:	09/10/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/27/2015

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 52 year old female, who sustained an industrial injury on 10-22-13. She has reported initial complaints of a low back injury after pulling heavy carts. The diagnoses have included lumbar disc herniation, sciatica, sleep disorder and depressive disorder. Treatment to date has included medications, diagnostics, orthopedic consult, physical therapy, acupuncture, psychiatric, and other modalities. Currently, as per the physician progress note dated 6-29-15, the injured worker complains of constant low back pain with pins and needles. The objective findings-physical exam reveals tenderness with limited painful range of motion and positive orthopedic evaluation to the lumbar spine. There is positive seated root test. There is bilateral myospasm, palpable pain along the sciatica, positive bilateral heel and toe walk. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine. The previous physical therapy sessions were not noted. Work status is to remain off of work until 8-13-15. The physician requested treatment included Physical therapy to the lumbar spine times 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, lumbar, X 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter, (chronic), Low back-Lumbar & thoracic, (acute and chronic), physical therapy.

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 2013 and is being treated for low back pain with right lower extremity sciatic symptoms. Recent treatments have included physical therapy and acupuncture with physical therapy treatments documented in January and April 2015. When seen, there was decreased lumbar range of motion and tenderness and spasms. Seated root testing was positive. Right knee range of motion was full but painful. There was right knee posterior and medial joint line tenderness and positive McMurray testing. Additional physical therapy is being 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 this case, the number of visits requested is in excess of that recommended 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.