

Case Number:	CM15-0163636		
Date Assigned:	08/31/2015	Date of Injury:	08/01/2012
Decision Date:	09/30/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/20/2015

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 is a 46 year old male with an August 1, 2012 date of injury. A progress note dated July 23, 2015 documents subjective complaints (lower back pain rated at a level of 3 out of 10 with medications and 7 out of 10 without medications), objective findings (slowed, antalgic gait; loss of normal lumbar lordosis; restricted range of motion of the lumbar spine secondary to pain; positive lumbar facet loading on the right; positive straight leg raise test on the right; decreased motor strength of the right lower extremity; decreased sensation to light touch over the L4 and L5 lower extremity dermatomes of the right side and the L5 lower extremity dermatome on the left side), and current diagnoses (lumbar radiculopathy; lower back pain). Treatments to date have included transforaminal epidural steroid injection on June 10, 2015 with greater than 70% relief, imaging studies, and medications. The medical record indicates that medications help control the pain. The treating physician documented a plan of care that included a referral to doctor and twelve sessions of physical therapy for the lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Doctor: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

Decision rationale: The claimant sustained a work injury in August 2012 and continues to be treated for low back pain with lower extremity radicular symptoms. In January 2015, he was performing an independent exercise program including core strengthening at a gym. When seen, his activity level had remained the same. He was having flare-ups of pain due to delay of authorization of pain medications. Physical examination findings included a BMI of over 31. There was an antalgic and slow gait. There was decreased lumbar spine range of motion with pain and positive right facet loading. There was decreased right lower extremity strength and sensation with positive right straight leg raising. Authorization for 12 sessions of physical therapy for advancement of a home exercise program and a psychological evaluation of pain coping skills was requested. Psychological evaluations are generally accepted, well-established diagnostic procedures used in chronic pain management and should determine if further psychosocial interventions are indicated. In this case, the reason for the referral includes an evaluation of coping skills. A psychological evaluation is medically necessary.

Physical therapy for low back, QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (Acute & 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 injury in August 2012 and continues to be treated for low back pain with lower extremity radicular symptoms. In January 2015, he was performing an independent exercise program including core strengthening at a gym. When seen, his activity level had remained the same. He was having flareups of pain due to delay of authorization of pain medications. Physical examination findings included a BMI of over 31. There was an antalgic and slow gait. There was decreased lumbar spine range of motion with pain and positive right facet loading. There was decreased right lower extremity strength and sensation with positive right straight leg raising. Authorization for 12 sessions of physical therapy for advancement of a home exercise program and a psychological evaluation of pain coping skills was requested. In this case, the claimant is being treated for chronic pain with no new injury and has already had physical therapy. 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 revise the claimant's home exercise program. The request is not medically necessary.