

Case Number:	CM15-0164465		
Date Assigned:	09/01/2015	Date of Injury:	11/29/2010
Decision Date:	10/14/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/21/2015

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:

This 65 year old female sustained an industrial injury on 11-29-10. Documentation indicated that the injured worker was receiving treatment for chronic low back pain. Previous treatment included physical therapy, chiropractic therapy, medial branch neurotomy, lumbar facet injections, home exercise, bed rest, heat, ice and medications. Documentation did not disclose the number of previous therapy sessions. Magnetic resonance imaging lumbar spine (undated) showed multilevel disc protrusion with bilateral foramen stenosis and facet hypertrophy. In a PR-2 dated 7-16-15, the injured worker complained of mild aching low back pain. The injured worker reported getting good relief from recent bilateral lumbar facet neurotomy (3-13-15). The physician noted that the injured worker maintained an active lifestyle with daily exercise, walking and use of transcutaneous electrical nerve stimulator unit. The physician stated that injured worker had been off Norco for one month. Physical exam was remarkable for tenderness to palpation from L3-L5, "decreased" lumbar spine range of motion with flexion, extension and lateral rotation and intact motor and sensory exam bilaterally. Current diagnoses included lumbar spine spondylosis and lumbar facet syndrome. The treatment plan included physical therapy for the low back twice a week for six weeks for strengthening and stabilization and continuing medications (Lyrica and Mobic). On 7-27-15, Utilization Review non-certified a request for physical therapy twice a week for six weeks for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 6 for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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 November 2010. She underwent lumbar radiofrequency ablation treatments in February and March 2015. When seen, she was having mild aching and throbbing pain in the low back. There had been good relief after the radiofrequency ablation treatment. She was performing a home exercise program and was also using TENS. She had been able to discontinue use of Norco. Physical examination findings included decreased lumbar range of motion with lower lumbar spasms. Authorization for 12 sessions of physical therapy for strengthening and stabilization were requested. The claimant is being treated for chronic pain with no new injury and is already performing a home exercise program. 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 in order to achieve the requested therapeutic content. The request was not medically necessary.