

Case Number:	CM15-0164839		
Date Assigned:	09/02/2015	Date of Injury:	04/26/2011
Decision Date:	10/05/2015	UR Denial Date:	08/14/2015
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:

The injured worker is a 74-year-old male who sustained an industrial injury on 04-26-11. Initial complaints include lower back pain. Initial diagnoses are not available. Treatments to date include physical therapy. Diagnostic studies include a MRI of the lumbar spine. Current complaints include intermittent lower back pain. Current diagnoses include cervical, thoracic and lumbar strain, as well as lumbar stenosis and spondylosis. In a progress note dated 07-27-15, the treating provider reports the plan of care as physical therapy, and medications including Ultracet and naproxen. The requested treatment includes physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy X 12 (additional): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99-100.

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 has a history of a work injury occurring in April 2011 and is being treated for back pain radiating into the left lower extremity. The requesting provider saw him on 07/27/15 more than three years after his initial evaluation. His history and treatments were reviewed. He had received 2-3 weeks of physical therapy. Physical examination findings included transitioning positions slowly. There was a normal gait. There was moderately decreased lumbar spine range of motion with pain. There was midline lumbar tenderness without spasms. There was a normal neurological examination. Authorization was requested for 12 sessions of physical therapy. In this case, the claimant is being treated for chronic pain with no new injury and has already 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 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.