

Case Number:	CM15-0168434		
Date Assigned:	09/09/2015	Date of Injury:	04/10/2012
Decision Date:	10/07/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/26/2015

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 41 year old male, who sustained an industrial injury on 4-10-2012. He reported falling approximately eight feet, landing his feet onto cement and falling back, injuring the back, bilateral knees, and bilateral elbows. Diagnoses include multiple herniated nucleus pulposus of cervical spine, status post lumbar fusion 7-22-14. Treatments to date include activity modification, medication therapy, physical therapy, and therapeutic injections. Currently, he complained of worsening pain in the low back and radiation to bilateral lower extremities. He reported feelings of the left leg being "wet and has ants crawling". On 7-8-15, the physical examination documented tenderness of the lumbar spine, an antalgic gait and ambulation with a single point cane. There was decreased sensation in left lower extremity and a positive left side straight leg raise test. The Electrodiagnostic study completed 4-24-15 revealed acute or chronic S1 radiculopathy with active denervation. The lumbar MRI dated 6-10-15 revealed degenerative disc disease and facet arthropathy and retrolisthesis, canal stenosis, and neural foraminal narrowing. The medical records indicated he was being considered for implantation of a spinal cord stimulator. This appeal requested authorization for an additional twelve physical therapy sessions. The Utilization Review dated 8-19-15 denied the request stating the records failed to document objective and functional improvement as a results of the treatment to date and therefore did not support California MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98.

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 April 2012 and continues to be treated for radiating low back pain. He underwent a lumbar fusion in July 2014. In February 2015 he had completed 12 post-operative physical therapy treatments. Additional therapy was provided and started in June 2015. When seen, he had completed 4-5 sessions of physical therapy, which had caused increased pain, and he had discontinued treatments. A spinal cord stimulator was being considered. Physical examination findings included an absent left ankle reflex. There was positive left straight leg raising with positive Bowstring sign. There was decreased lower extremity sensation and left ankle dorsiflexion strength. There was increased left lumbar paraspinal muscle tone. Left lumbar facet loading was positive and there was decreased spinal range of motion. Additional physical therapy was requested. The claimant is being treated for chronic pain with no new injury. 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 claimant discontinued treated after attending 4-5 treatments with no improvement. Continued physical therapy without evidence of improvement with the treatments provided was not medically necessary.