

Case Number:	CM15-0181203		
Date Assigned:	09/22/2015	Date of Injury:	10/25/2011
Decision Date:	10/27/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/15/2015

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 59 year old male, who sustained an industrial injury on 10-25-2011. The injured worker is being treated for lumbago. Treatment to date has included medications and prior physical therapy with no documented improvement. Per the Primary Treating Physician's Progress Report dated 8-13-2015 the injured worker reported constant lumbar spine pain, with right greater than left leg weakness and pain. He is pending epidural steroid injections time two. Medications include Voltaren and Norco. Objective findings of the lumbar spine included motion decreased in all directions 5-10 degrees with pain, and a positive straight leg raise with radiculopathy along the L3 and L4 dermatomes. Per the visit note dated 10-31-2011, he was to continue physical therapy. There are no physical therapy reports submitted and no documentation of any improvement in symptoms, increase in activities of daily living or decrease in pain level with prior therapy. There is no documentation submitted regarding how many visits he has attended. The plan of care included, and authorization was requested on 8-19-2015 for 9 sessions of physical therapy (3x3) for the lumbar spine. On 9-01-2015, Utilization Review non-certified the request for 9 sessions of physical therapy (3x3) for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 3 weeks lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and 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 October 2011 while carrying baggage while working at an airport. In October 2011 physical therapy treatment is referenced as helping. Chiropractic treatments are also referenced, when seen and epidural injection had been authorized. There had been no change since the previous visit. Physical examination findings included decreased lumbar spine range of motion with pain. There was right lower extremity weakness with decreased sensation and positive straight leg raising. The claimant was noted to ambulate with use of a cane. 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 number of visits requested is in excess of that recommended or what might be needed to determine whether continuation of physical therapy was needed or likely to be effective. The request is not medically necessary.