

Case Number:	CM15-0181823		
Date Assigned:	09/23/2015	Date of Injury:	09/11/2014
Decision Date:	10/27/2015	UR Denial Date:	08/19/2015
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 36-year-old male who sustained an industrial injury on September 11, 2014. A recent orthopedic evaluation dated July 20, 2015 reported present subjective complaint of "constant nagging pain in the lower back that travels to his legs and feet." He experiences "muscle spasms in the lower back region." He has "episodes of numbness and tingling in his legs and feet, more right." Current medications noted Flexeril, and Tylenol with Codeine. Objective assessment noted: lumbar spine with tenderness and spas in the paravertebral muscle. The patient toe and heel walks with pain. The patient squats with pain. He was diagnosed with lumbosacral radiculopathy. The plan of care is with recommendation for the patient to undergo a course of physiotherapy initiating the process of strengthening and improving range of motion. A primary treating office visit dated April 22, 2015 reported the plan of care with recommendation for: going back to work on modified duty. He has reached maximum medical improvement and is not a surgical candidate. The patient states "he would like to try the course of physical therapy and acupuncture before considering going back to work." On July 20, 2015 a request was made for 12 sessions of physiotherapy treating the lumbar spine which was noted with modification to offer 10 sessions due to the guidelines recommending physiotherapy up to 10 visits over an 8 week period.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physiotherapy sessions for the lumbar spine: 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 September 2014 when he fell backwards from a platform landing on his back. Treatments have included medications, an epidural steroid injection, five chiropractic treatments, and seven sessions of pool therapy without pain relief. When seen, he reported never having had land-based therapy or instruction in a home exercise program. Physical examination findings included a body mass index of over 30. There was an antalgic gait with use of a cane. There were paravertebral muscle spasms with tenderness. There was decreased lower extremity sensation. Authorization for 12 sessions of physical therapy for strengthening and improvement of range of motion was requested with a diagnosis of lumbosacral radiculopathy. 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 determine whether continuation of physical therapy was likely to be any more effective than previously. The request is not medically necessary.