

Case Number:	CM15-0182401		
Date Assigned:	09/23/2015	Date of Injury:	06/20/2010
Decision Date:	10/29/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/16/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 54-year-old male, who sustained an industrial injury on June 20, 2010. He reported low back pain. The injured worker was diagnosed as having opioid dependence, chronic pain syndrome, pain in the limb and psychophysiologic disorder. Treatment to date has included diagnostic studies, TENS unit, home exercises and medications. Currently, the injured worker continues to report right sided low back pain and radiating pain to the right lower extremity with associated tingling and numbness. He also noted bilateral knee pain status post bilateral knee surgeries. The injured worker reported an industrial injury in 2010, resulting in the above noted pain. Evaluation on March 16, 2015, revealed continued pain as noted. It was noted there was no change since the previous visit. He rated his pain at 4 on a 1-10 scale with 10 being the worst. It was noted he continued to work full time. He reported taking 8 pain pills daily to remain working and active. Evaluation on June 4, 2015, revealed continued pain as noted. He rated his pain at 7 on a 1-10 scale with 10 being the worst. He continued to use pain medications daily. It was noted the pain remained unchanged since the previous visit. It was noted he continued to work full time. Medications were continued. Magnetic resonance imaging (MRI) of the right femur on June 22, 2015, revealed normal findings. Evaluation on August 5, 2015, revealed continued pain rated at 7 on a 1-10 scale with 10 being the worst. MRI of the lumbar spine on August 26, 2015, revealed slight thecal sac compression with disc protrusion, mild degenerative changes and mild neural foraminal narrowing. Evaluation on September 2, 2015, revealed continued pain. It was noted he was taking the maximum daily dose of Endocin and was unable to wean medications. Medications were continued and physical therapy was

recommended. The RFA included requests for Physical therapy x6 and was non-certified on the utilization review (UR) on September 16, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x6: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: MTUS Guidelines consider up to 10 sessions of hands on physical therapy as adequate for most chronic musculoskeletal conditions. There is documentation of 6 sessions of therapy a couple of years prior. This specific request for physical therapy is part of a plan to wean off of the use of strong opioid medications in light of the benign MRI findings. Even though the request slightly exceeds Guidelines, the request is medically necessary under these circumstances i.e. limited prior therapy and part of a plan to stop significant opioid use.