

Case Number:	CM15-0182877		
Date Assigned:	09/23/2015	Date of Injury:	09/08/2014
Decision Date:	11/10/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/17/2015

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 31 year old male, who sustained an industrial injury on 9-8-2014. The medical records indicate that the injured worker is undergoing treatment for displacement of lumbar intervertebral disc without myelopathy. According to the progress report dated 8-4-2015, the injured worker presented with complaints of constant, moderate low back pain with radiation into the right leg, associated with tingling, numbness, and weakness. On a subjective pain scale, he rates his pain 4-8 out of 10. The pain is aggravated by bending forward and backwards, exercising, and prolonged sitting, standing, and walking. The physical examination of the lumbar spine reveals tenderness to palpation over the bilateral paraspinal muscles with spasms, restricted range of motion, intact motor strength, diminished sensation in the right L5 and S1 dermatomes of the lower extremities, and positive straight leg raise test on the right. Treatments to date include medication management, physical therapy ("helped a lot"), and transforaminal epidural steroid injection (beneficial). The treating physician noted that the injured worker is able to return to his job duties with no restrictions. The original utilization review (8-14-2015) partially approved a request for physical therapy sessions #4 (original request was for #6).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 3 weeks: Overturned

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 and continues to be treated for low back pain with right lower extremity radiating symptoms. He underwent a lumbar epidural injection in February 2015 with reported benefit. Prior treatments that had provided relief also included medications and physical therapy. When seen, he was avoiding exercising and driving due to pain. Physical examination findings included lumbar paraspinal muscle tenderness with spasms. There was positive right straight leg raising. There was right greater trochanteric tenderness. There was decreased right lower extremity sensation. Authorization was requested for six sessions of physical therapy for range of motion, soft tissue modalities, core stretching, and strengthening. The claimant is being treated for chronic pain and has not had physical therapy in at least 6 months. 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 consistent with that recommended and what might be anticipated in terms of establishing or revising a home exercise program or determining whether additional physical therapy was needed or likely to be effective. The claimant has ongoing impairments and is currently avoiding exercising. The request is medically necessary.