

Case Number:	CM15-0185679		
Date Assigned:	09/25/2015	Date of Injury:	11/19/2012
Decision Date:	11/02/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/21/2015

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 43 year old male, who sustained an industrial injury on 11-19-12. The injured worker is being treated for low back pain and disc herniation. Treatment to date has included 18 physical therapy (with progress noted) treatments, chiropractic treatment, oral medications including Anaprox 550mg, lumbar epidural steroid injection and activity modifications. On 6-24-15 he complained of continued sharp low back pain with radiation to the legs and on 8-5-15, the injured worker complains of low back pain rated 6-7 out of 10. He is temporarily totally disabled. On 6-24-15 physical exam noted lumbosacral tenderness and on 8-5-15 lumbosacral spine tenderness with spasms and decreased range of motion was noted. A request for authorization was submitted on 8-17-15 for 6 physical therapy sessions and starting of chiropractic treatment at outside facility. On 8-21-15 a request for 6 physical therapy sessions was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 6 sessions of physical therapy to the lower back: 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 November 2012 and continues to be treated for low back pain. In November 2013 lumbar epidural injections were performed and in January 2014 he underwent lumbar medial branch blocks. Recent treatments include physical therapy and, as of 08/19/15, he had completed 18 treatments including instruction in a home exercise program. When seen by the requesting provider he had pain rated at 6-7/10. Physical examination findings included decreased lumbar spine range of motion. There were lumbar paraspinal muscle spasms with tenderness. Authorization for an additional six physical therapy treatments was requested. The claimant is being treated for chronic pain with no new injury and has recently had physical therapy including instruction in a home exercise program. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of visits requested is in excess of that recommended or what might be needed to finalize his home exercise program. The request is not medically necessary.