

Case Number:	CM15-0186918		
Date Assigned:	09/28/2015	Date of Injury:	07/30/2013
Decision Date:	11/06/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/22/2015

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 53 year old male, who sustained an industrial injury on 7-30-2013. The injured worker is undergoing treatment for: neck sprains and strain, lumbago. On 6-11-2015 and 7-9-15, he reported low back pain and spasms. He indicated previous trigger point injection in the low back to have been "helpful". He also reported left lower extremity to have sharp tingling sensations. The provider noted his neck pain to have remained the same with residual pain that is intermittent throughout the day. Physical examination revealed limited neck range of motion, limited lumbar spine range of motion with negative straight leg raise testing bilaterally. On 7-9-15 and 8-4-15, the provider noted no significant change in the subjective findings. The treatment and diagnostic testing to date has included: medications, left lower extremity magnetic resonance imaging (9-16-13), electrodiagnostic studies (11-1-13), and urine drug screen (5-7-15). Medications have included: norco, gabapentin, medrox ointment, laxacin, Flexeril. Current work status: unclear. The request for authorization is for: 6 physical therapy for the low back 2 times a week for 3 weeks as an outpatient. The UR dated 8-25-15: non-certified the request for 6 physical therapy for the low back 2 times a week for 3 weeks as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the low back 2 times a week for 3 weeks as an outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 July 2013 and is being treated for neck, low back, and left knee pain when he injured himself while lifting a toilet. In January 2015, prior treatments had included 6-8 physical therapy sessions and chiropractic care with temporary improvement. When seen, his condition was unchanged. Physical examination findings included cervical and lumbar tenderness with decreased range of motion. Lumbar facet loading was positive. There was knee tenderness with pain and decreased left ankle strength. Authorization for six physical therapy treatments is being requested. 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 consistent with that recommended and what might be needed to determine whether continuation of physical therapy was likely to be any more effective than previously. The request is medically necessary.