

Case Number:	CM15-0188136		
Date Assigned:	09/30/2015	Date of Injury:	09/22/2014
Decision Date:	11/10/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/24/2015

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 58-year-old female who sustained an industrial injury on 9-22-14. The injured worker reported pain in the low back. A review of the medical records indicates that the injured worker is undergoing treatments for lumbar spine sprain strain and lumbar herniated nucleus pulposus. Medical records dated 7-21-15 indicate pain rated at 7 to 9 out of 10. Provider documentation dated 7-21-15 noted the work status as temporary totally disabled. Treatment has included physical therapy, injection therapy, massage, acupuncture treatment, exercise, heat and ice application, magnetic resonance imaging, Gabapentin, Cyclobenzaprine, and Norco. Objective findings dated 7-21-15 were notable for tenderness to palpation to the lumbar spine with decreased range of motion. The original utilization review (9-14-15) denied a request for Physical therapy 3 times a week for 4 weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 4 weeks 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, while working as a porter, she was pushing a cart and had sharp low back pain. She was seen for an initial evaluation by the requesting provider on so 9/01/15. Treatments had included physical therapy and a previous evaluation references several months of treatment of no benefit. Physical examination findings included a body mass index over 40. There was pain with lumbar spine range of motion. There was lumbar paraspinal tenderness with spasms. There was decreased lower extremity sensation. Lasegue testing was positive bilaterally. Medications were prescribed and authorization was requested for 12 sessions of physical therapy. 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 considered medically necessary.