

Case Number:	CM15-0189252		
Date Assigned:	10/01/2015	Date of Injury:	07/02/2012
Decision Date:	11/09/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/25/2015

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 48 year old male, who sustained an industrial-work injury on 7-2-12. He reported initial complaints of low back pain, neck pain, left shoulder pain, and left arm pain. The injured worker was diagnosed as having lumbar facet syndrome, discogenic disease, chronic low back pain, cervical discogenic disease, cervical facet arthrosis, chronic cervical spine sprain-strain, left sided sciatica, left shoulder tendinosis versus partial thickness tear, and bilateral knee internal derangement. Treatment to date has included medication, physical therapy, and injections. Currently, the injured worker complains of chronic low back pain rated 6 out of 10, neck pain rated 5 out of 10, left shoulder pain rated 7 out of 10, and left arm pain. Per the primary physician's progress report (PR-2) on 8-18-15, exam noted positive straight leg raise bilaterally, positive Lasegue's sign, spasm of the lumbar area, left sciatica pain greater than right. There is diffuse cervical spine tenderness across the cervical trapezial ridge, painful range of motion , left shoulder motor strength is 4 out of 5, tenderness at the AC (acromioclavicular) joint. Current plan of care includes continue meds; refer to psyc for clearance for possible surgery, left shoulder rotator cuff repair, and physical therapy. The Request for Authorization requested service to include Physical therapy, lumbar spine, 2 times weekly for 6 weeks, 12 sessions. The Utilization Review on 8-25-15 denied the request for Physical therapy, lumbar spine, 2 times weekly for 6 weeks, 12 sessions , per CA MTUS (California Medical Treatment Utilization Schedule) Guidelines; Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, lumbar spine, 2 times weekly for 6 weeks, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and 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 July 2012 and is being treated for low back and left shoulder pain. His injury occurred while lowering a water cooler when he had popping and a jerking sensation in the neck, left shoulder, and arm and a strain of his low back. When seen, pain was rated at 5-7/10. He had failed injections. Medications were decreasing pain by 50%. He had a body mass index of nearly 30. There was positive Lasegue and straight leg raising bilaterally. There were lumbar muscle spasms. There was decreased cervical range of motion with cervical trapezial ridge and facet tenderness. There was pain with shoulder range of motion with left acromioclavicular joint tenderness and decreased strength. Medications were continued. A left rotator cuff and physical therapy for the lumbar spine were requested. A possible lumbar fusion is referenced. The claimant is being treated for chronic pain with no new injury. 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 needed or likely to be effective. The request is not medically necessary.