

Case Number:	CM15-0189323		
Date Assigned:	10/01/2015	Date of Injury:	09/30/2008
Decision Date:	11/10/2015	UR Denial Date:	08/28/2015
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 30-year-old female who sustained an industrial injury on 9-30-2008. Diagnoses have included chronic pain syndrome, lumbar strain or sprain, sacroiliac joint dysfunction and pelvic obliquity, bilateral radiculitis, and degenerative disc disease and facet joint arthritis L3-5 stated to be supported by undated MRI. Documented treatment includes unspecified injections reported as "not helpful," medication, yoga, and unspecified numbers of acupuncture, massage, chiropractic treatments stated to have been "beneficial." Medications include Xanax, Flexeril. In the past she has been treated with Effexor, Percocet, Vicodin, and Motrin. Medication is noted to bring pain from 9 out of 10 to 2 out of 10. There is no documentation of previous physical therapy. The injured worker continues to present with low back pain rated as 6 out of 10 on 8-13-2015, characterized as "achy, burning, shooting, throbbing, deep, and numbing." This is stated to be aggravated with standing, lifting and lack of sleep. Examination reveals pelvic obliquity with left higher than the right by 1 cm, diffuse tenderness in the lumbosacral and sacroiliac region with right greater than left, decreased range of motion stated at 75 percent to side bending and extension. "No evidence of deficit" in strength or stability. Sensory testing reveals decreased sensation on the outside of both thighs but more on the left, and also mild decreased sensation on the outside of the calf and feet. The treating physician's plan of care includes 6 sessions of physical therapy for the lumbar spine, which was denied on 8-28-2015. She is currently not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of Physical Therapy for the Lumbar Spine: Overturned

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 September 2008 and is being treated for low back injuries sustained as the result of repetitive heavy lifting. When seen, he was having back pain. Prior treatments had included yoga, acupuncture, massage, and chiropractic care, which had been beneficial. Injections had not helped. An MRI scan included findings of lumbar degenerative disc disease with facet arthritis. Pain was rated at 6/10. He was not working. Physical examination findings included cervical and lumbar tenderness with decreased lumbar range of motion. There was right greater than left sacroiliac region tenderness. There was low back pain with straight leg raising. A trial of Pamelor and authorization for x-rays was requested as well as cognitive behavioral therapy and 6 sessions of physical therapy. The claimant is being treated for chronic pain. 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. The request was appropriate and is medically necessary.