

Case Number:	CM15-0191577		
Date Assigned:	10/05/2015	Date of Injury:	06/29/2012
Decision Date:	11/16/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/29/2015

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 44 year old male who sustained an industrial injury on 06-29-2012. Treatment to date has included physical therapy, medications, injection and surgery. According to a progress report dated 08-27-2015, low back pain was worsening. Flare-up was noted. Surgery (2013), swimming and the gym "helped". Current medications included nonsteroidal anti-inflammatory medications. Computed tomography scan performed on 09-18-2014 showed sacroiliac fusion. Objective findings included limited range of motion, healed sacroiliac incisions, negative straight leg raise and 4 plus out of 5 motor left greater than right leg. Diagnoses included herniated nucleus pulposus worsening and status post fusion stable. The treatment plan included MRI of the lumbar spine, EMG (electromyography)-NCS (nerve conduction velocity studies) bilateral lower extremities, Tramadol and physical therapy and manual therapy 2 x 6 weeks. Work status included full duty with no restrictions. An authorization request dated 08-27-2015 was submitted for review. The requested services included urinalysis, MRI of the lumbar spine, electromyography and nerve conduction velocity studies of the bilateral lower extremities, physical therapy lumbar spine 2 x 6 weeks and manual muscle therapy lumbar spine 2 x 6 weeks. On 09-11-2015, Utilization Review modified the request for physical therapy 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy times 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guideline, Low Back (Acute & Chronic).

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 to the low back while loading bags and lifting and twisting in June 2012. Bilateral sacroiliac joint fusion surgery was performed in March 2013 and he was able to return to unrestricted work in October 2014. When seen, there was decreased lumbar range of motion and tenderness with palpation. There was decreased lower extremity strength bilaterally. Authorization for 12 physical therapy sessions for improved range of motion and strength was requested. 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 reestablish a home exercise program or achieve the stated goals of treatment. The request is not medically necessary.