

Case Number:	CM15-0200713		
Date Assigned:	10/15/2015	Date of Injury:	12/06/1996
Decision Date:	11/24/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/13/2015

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 64 year old male, who sustained an industrial injury on 12-6-1996. The injured worker is undergoing treatment for lumbar discogenic disease, chronic low back pain, chronic shoulder tendinitis and shoulder surgery. Medical records dated 7-26-2015 indicate the injured worker complains of chronic low back pain and chronic shoulder pain rated 9 out of 10 without medication and 3-4 out of 10 with medication. The treating physician indicates, "the patient is able to perform his work duties when he takes his medication" and "he is in therapy, which has been helping." Physical exam dated 7-26-2015 notes bilateral shoulder impingement, lumbar decreased painful range of motion (ROM), positive straight leg raise and left side sciatica. Treatment to date has included physical therapy, medication, home exercise program (HEP) and activity alteration. The original utilization review dated 10-2-2015 indicates the request for physical therapy 2 X 6 lumbar spine is modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 6 lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

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 has a remote history of a work injury occurring in December 1996 and continues to be treated for chronic bilateral shoulder and low back pain. In May 2015 a continued home exercise and walking program was recommended. He was also referred for four sessions of physical therapy for the neck and lumbar spine. When seen, medications were decreasing pain from 9/10 to 3-4/10 and allowing him to exercise and work, and with improved activities of daily living. He was participating in therapy, which was helping. Physical examination findings included bilateral shoulder impingement. There was decreased and painful lumbar spine range of motion with positive left straight leg raising and sciatic symptoms. Physical therapy was requested two times per week for six weeks. 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 claimant had not completed an adequate trial of physical therapy, which would be needed to determine whether continuation of physical therapy was needed or likely to be effective. A formal reassessment is not documented. He was already performing a home exercise program. The request is not medically necessary.