

Case Number:	CM15-0023417		
Date Assigned:	02/13/2015	Date of Injury:	11/05/2001
Decision Date:	03/27/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/09/2015

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 75 year old male, who sustained an industrial injury on November 5, 2001. The diagnoses have included lumbar stenosis, chronic pain syndrome and facet syndrome. Treatment to date has included medication, physical therapy and lumbar medial branch neurotomy. Currently, the injured worker complains of hip pain, leg pain and low back pain. On examination he exhibited tenderness to palpation over the right sacroiliac notch and a decreased range of motion. With extension, his pain was increased on the right. On February 6, 2015 Utilization Review non-certified a request for physical therapy for the lower back, noting that there was no documentation of functional improvement/benefit from previous physical therapy. The California Medical Treatment Utilization Schedule was cited. On February 9, 2015, the injured worker submitted an application for IMR for review of physical therapy for the lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lower back: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines

Decision rationale: The claimant has a history of a work injury occurring nearly 15 years ago and continues to be treated for chronic back pain. Treatments have included a lumbar laminectomy. Prior treatment has included physical therapy with a home exercise program. Six sessions of physical therapy is being requested. In terms of physical therapy in the 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 therefore medically necessary.