

Case Number:	CM15-0038104		
Date Assigned:	03/06/2015	Date of Injury:	11/25/2008
Decision Date:	04/23/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	02/27/2015

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 56 year old male, who sustained an industrial injury on November 25, 2008. He reported falling approximately eight feet off a ladder, injuring his lumbar spine. The injured worker was diagnosed as having status post fusion revision with stage1 anterior lumbar interbody fusion and removal of pseudoarthrosis with stage II hardware removal of L5-S1 of pedicle screw and hemilaminotomy foraminotomy of L4-L5, and status post lumbar epidurals. Treatment to date has included lumbar spine CT, lumbar surgeries, lumbar epidurals, and medication. Currently, the injured worker complains of intermittent moderate low back pain with occasional radiation to the right leg. The Secondary Treating Physician's report dated January 22, 2015, noted inspection of the spine revealed mild crepitation, midline point tenderness over the lumbar spine and near the sacroiliac joints, and decreased range of motion (ROM) with pain with extreme flexion and pain coming back up to an upright position. Straight leg raise was noted to elicit a posterior thigh pain with a stretching/pulling sensation, bilaterally. The treatment plan included requests for authorization for pain management consultation for chronic pain, follow-up with an urologist, and physical therapy two times a week for four weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 sustained a work-related injury in November 2008 and continues to be treated for chronic low back and radiating leg pain. Treatments have included a lumbar fusion. 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 and therefore not medically necessary.