

Case Number:	CM15-0039992		
Date Assigned:	03/10/2015	Date of Injury:	09/18/2006
Decision Date:	04/21/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/03/2015

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:

This 50-year-old female sustained an industrial injury to the back on 9/18/06. Previous treatment included computed tomography, cognitive behavioral therapy, physical therapy, injections and medications. In the most recent PR-2 submitted for review, dated 2/13/15, the injured worker complained of low back pain rated 5-9/10 on the visual analog scale with radiation down bilateral legs as well as neck pain and upper extremity numbness. Physical exam was remarkable for increased left sided hip pain, lumbar spine with limited range of motion and right foot numbness. Current diagnoses included post laminectomy syndrome, lumbar radiculitis and chronic pain syndrome. The treatment plan included medications (Oxycodone, Prilosec, Horizant, Remeron and Motrin). The physician noted that other treatments such as injections and physical therapy had failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x4 for the lower back: Upheld

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 Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant is status post work-related injury occurring in 2006 and continues to be treated for low back pain and radiculitis with diagnoses including chronic pain syndrome and post-laminectomy syndrome. In this case the claimant has already had physical therapy without reported benefit. 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.