

Case Number:	CM15-0041500		
Date Assigned:	03/11/2015	Date of Injury:	04/21/2006
Decision Date:	05/01/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/04/2015

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 58 year old male, who sustained an industrial injury on 04/21/2006. The medical records submitted for this review did not include documentation regarding the initial injury. Diagnoses include chronic pain, left post laminectomy syndrome, facet arthropathy, and lumbar stenosis. Treatments to date include medication therapy, physical therapy, psychotherapy, and epidural injections, and insertion of a spinal cord stimulator. The most recent PR-2 in July and August of 2014 indicated he complained of chronic low back pain with numbness and tingling in the left leg. On 7/25/14, the physical examination documented tenderness midline L3-4 region and over the battery site of the spinal cord stimulator. Decreased sensation on left side L4-S1 dermatomes noted. The plan of care included continuation of medication therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

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 April 2006. He continues to be treated for chronic low back pain with left lower extremity radicular symptoms with a diagnosis of failed back surgery syndrome. Treatments have included a spinal cord stimulator, medications, injections, psychotherapy, and physical therapy. 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.