

Case Number:	CM15-0042184		
Date Assigned:	03/12/2015	Date of Injury:	08/27/2010
Decision Date:	04/22/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/05/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47 year old female, who sustained an industrial injury on 8/27/10. She has reported a back injury after driving through a pothole and feeling a jolt in her back as the seat bounced. The diagnoses have included chronic pain syndrome, post laminectomy syndrome, opioid dependence, and displacement of lumbar intervertebral disc without myelopathy, hip pain, muscle spasm, depression, anxiety and insomnia. Treatment to date has included medications, Home Exercise Program (HEP), aquatic therapy, acupuncture and physical therapy that did not help and was too painful to perform. Surgery has included left lumbar decompression and discectomy on 9/24/10. Currently, as per the physician progress note dated 2/5/15, the injured worker complains of continued pain in the back despite taking medications. She complains of increased spasm in the low back and left buttocks area. She states that the back spasm is somewhat relieved with use of Soma. Physical exam revealed constant left leg ache from hip to ankle. She states that the first two toes are numb and paralyzed with increased pain in the left gluteal area and constipation was noted. The lumbar range of motion was poor with right side lumbar pain. There was trigger points noted in the right gluteal muscles more than the left. There was positive straight leg raise with right low back pain. Patrick's sign showed tight hips. The sensory was intact except for tip of left hallux and second toes. The pain was rated 6-10/10 on pain scale. The current pain was rated 7/10 and without medication was rated 10/10 and constant pain. The current medications included Morphine Sulfate Contin, Roxicodone, Soma, Lorazepam, Bupropion and Ambien. The urine drug screen dated 7/26/14 was consistent with medications prescribed. The Treatment Plan included continue medications including Morphine

Sulfate Contin, Lorazepam, Soma, physical therapy for lumbar spine for posture training and strengthening and follow up in 1 month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy QTY 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The patient presents with low back and left buttock pain. The patient is status post decompression and discectomy from 09/24/2010. The physician is requesting PHYSICAL THERAPY QUANTITY SIX. The RFA dated 02/06/2015 shows a request for physical therapy for lumbar spine times six. The patient states of injury is from 08/27/2010 and she's currently permanent and stationary. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The patient is not post-surgical. The records do not show any physical therapy reports. However, the patient has had physical therapy in the past. The 01/05/2015 progress report notes, "PT not helpful and too painful to do it." MTUS page 8 on chronic pain requires satisfactory response to treatment including increased levels of function, decreased pain or improved quality of life. In this case, the patient reports no benefit with physical therapy and the requested six physical therapy visits are not medically necessary.