

Case Number:	CM15-0045933		
Date Assigned:	03/18/2015	Date of Injury:	07/10/1997
Decision Date:	04/24/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/11/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 was a 61 year old male, who sustained an industrial injury, July 10, 1997. The injured worker previously received the following treatments pain management, 68 physical therapy, 6 massage therapy, injections, medications, TENS (transcutaneous electrical nerve stimulator) unit, surgery bilateral, laminectomy of L3-L4 with instrumentation arthrodesis with local bone graft at L3-L4, Norco, OxyContin, Tramadol, Ambien and Oxybutynin. The injured worker was diagnosed with lumbar radiculopathy, post lumbar laminectomy syndrome, disc disorder lumbar radiculopathy, back pain, stenosis of the lumbar and lumbar facet syndrome. According to progress note of February 5, 2015, the injured workers chief complaint was low back pain with radiation down both legs. The injured worker rated pain level of 4 out of 10; 0 being no pain and 10 being the worse pain. The injured worker was suffering from increased anxiety due to pain and family stress. The physical exam noted restricted range of motion with paravertebral muscles with hypertonicity and spasms on both sides. Lumbar facet loading was positive on both sides. The straight leg testing was negative with range of motion obscured by pain. The sensory testing noted decrease sensation over bilateral thighs and left arm on both sides. The treatment plan included for additional physical therapy of 4 visits on February 25, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy (x4): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines-Physical Medicine Guidelines.

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

Decision rationale: The progress note dated February 23, 2015 includes a complaint of back pain radiating to the lower extremities. At this point the injured employee has completed two of six visits of physical therapy with some improvement. After completing these initial six sessions a reevaluation should occur and additional physical therapy may no longer be needed. Considering this, this request for four additional visits of physical therapy is not medically necessary.