

Case Number:	CM15-0052410		
Date Assigned:	03/25/2015	Date of Injury:	08/29/2011
Decision Date:	05/01/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/19/2015

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 63 year old male, who sustained an industrial injury on 8/29/2011. He reported an injury from moving a heavy table. The injured worker was diagnosed as status post lumbar 4-5 laminotomy decompression, lumbago and lumbar spondylosis. Recent lumbar x rays showed lumbar spondylosis and mild levoscoliosis and the magnetic resonance imaging showed slight disc protrusion and multi-level disc desiccation. Treatment to date has included physical therapy, epidural steroid injection, surgery, physical therapy and medication management. Currently, the injured worker complains of low back pain that radiates to the bilateral lower extremities. In a progress note dated 2/2/2015, the treating physician is requesting 8 physical therapy sessions and a physical therapy re-evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 2x weekly, lumbar spine, per 02/04/15 order Qty: 8.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines Page(s): 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 sustained a work-related injury in August 2011 and continues to be treated for chronic radiating low back pain. Prior treatments have included lumbar spine surgery, medications, injections, 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.

Physical therapy, re-evaluation, lumbar spine, per 02/04/15 order Qty: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines Page(s): 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 and Other Medical Treatment Guidelines Chapter 7: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant sustained a work-related injury in August 2011 and continues to be treated for chronic radiating low back pain. Prior treatments have included lumbar spine surgery, medications, injections, and physical therapy. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has already had physical therapy. Requesting a re-evaluation prior to starting treatment to determine whether additional therapy is indicated is appropriate and medically necessary.