

Case Number:	CM15-0054660		
Date Assigned:	03/30/2015	Date of Injury:	03/19/2014
Decision Date:	05/08/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/23/2015

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 37 year old male, who sustained an industrial injury on 3/19/14. He reported initial complaints of low back pain and right leg pain. The injured worker was diagnosed as having lumbar radiculopathy; lumbar HNP; degenerative disc disease; lumbar facet arthropathy. Treatment to date has included EMG/NCV lower extremities (1/13/15); physical therapy; acupuncture; drug toxicology screening for medical management; medications. Currently, the PR-2 notes dated 1/28/15 indicate the injured worker complains of low back pain with right buttock pain. The injured worker has done 10 therapy sessions with benefit of range of motion but not in reducing pain levels or improving strength. Pain levels on this date are 3/10 and taking Ultracet, naproxen and gabapentin that reduce his pain levels by 50%. The treatment plan recommends facet injections right at L4-L5 and L5-S (scheduled 2/28/15), as well as continued physical therapy 2x8 for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x8 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy 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) Preface, Physical Therapy Guidelines (2) Low Back-Lumbar & Thoracic (Acute & Chronic), physical therapy.

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for low back pain. As of 03/05/15 there had been temporary benefit after 16 physical therapy treatment sessions. Physical examination findings included decreased range of motion with positive facet loading. In this case, the claimant has already had physical therapy in excess of that recommended for this condition without substantial benefit. Providing additional skilled physical therapy services would not be expected to be of benefit and would not reflect a fading of treatment frequency. The request was not medically necessary.