

Case Number:	CM15-0057106		
Date Assigned:	04/01/2015	Date of Injury:	03/18/2012
Decision Date:	05/01/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/25/2015

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 was a 43 year old female, who sustained an industrial injury, March 18, 2012. The injured worker previously received the following treatments Gabapentin, Venlafaxine, Tylenol, Sennosides, Colace, lumbar spine MRI and EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the lower extremities. The injured worker was diagnosed with chronic low back pain, lumbar disc displacement without myelopathy, sciatica, major depression and pain psychogenic. According to progress note of March 9, 2015, the injured workers chief complaint was low back pain radiating into the bilateral lower extremities. The physical exam noted spasm and guarding of the lumbar spine. The injured worker was anxious, fatigued and in pain. The treatment plan included requested 6 physical therapy sessions for the lumbar spine, as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 physical therapy sessions for lumbar spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); www.odg-twc; Section: Low Back - Lumbar Thoracic (Acute & Chronic) (updated 07/03/2014).

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.

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for chronic radiating low back pain. When seen, she appeared to be in pain and fatigued. There was lumbar spine muscle spasm and guarding. Physical therapy was requested to facilitate a home exercise program and weight loss. 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 consistent with that recommended and therefore medically necessary.