

Case Number:	CM15-0058520		
Date Assigned:	04/03/2015	Date of Injury:	06/04/2010
Decision Date:	06/17/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/27/2015

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 38-year-old male, who sustained an industrial injury on 6/4/10. The injured worker has complaints of low back pain and right lower extremity radiculopathy pain. Physical examination objective finding noted that the injured worker has right sole of the foot numbness and that he has good strength in his bilateral lower extremities. The diagnoses have included lumbosacral spondylosis without myelopathy; cervicgia and myalgia myositis not otherwise specified and chronic pain syndrome. Treatment to date has included right L3, L4, L5 and S1 (sacroiliac) medial branch radiofrequency neurolysis; analgesic medications and various types of injection therapy. The request was for physical therapy 1 time a week for 12 weeks lumbar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 1 Time A Week for 12 Weeks Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The claimant sustained a work-related injury in June 2010 and continues to be treated for radiating low back pain. Treatments have already included more than 40 physical therapy sessions. When seen, there had been no new injury. Recent medial branch radiofrequency ablation had been done. Authorization for additional physical therapy was requested. 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 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.