

Case Number:	CM15-0061055		
Date Assigned:	04/07/2015	Date of Injury:	09/09/2014
Decision Date:	05/06/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/31/2015

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 57 year old male, who sustained an industrial injury on 09/09/2014. The initial complaints or symptoms included sharp pain to the upper abdomen followed by an achy pain in the lower back a few days later. The injured worker was diagnosed as having abdominal pain. Treatment to date has included conservative care, medications, x-rays, and abdominal CT scan. Currently, the injured worker complains of low back pain with a severity rating of 7/10 which radiates to both lower extremities with associated numbness and tingling. Although there were no reported changes from the previous exam, the injured worker reported that the Flexeril and tramadol were helping with symptoms. The injured worker also reported continued epigastric pain. The diagnoses include lumbar spine strain/sprain with bilateral sciatica. The treatment plan consisted of 6 sessions of physical therapy for the lumbar spine, acupuncture, electrodiagnostic testing of the bilateral lower extremities, continued medications, and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 x per week x 2 weeks for the lumbar spine: 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.

Decision rationale: The claimant is being treated for a work-related injury in September 2014 with abdominal pain and low back pain. Being requested is six physical therapy sessions for the lumbar spine. When seen, there was lower extremity pain and numbness consistent with radiculopathy. 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 recommendation and therefore medically necessary.