

Case Number:	CM15-0080775		
Date Assigned:	05/01/2015	Date of Injury:	10/10/2003
Decision Date:	06/01/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/27/2015

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 62 year old female, who sustained an industrial injury on 10/10/2003. Diagnoses have included failed back surgery syndrome/post-laminectomy syndrome, left greater trochanteric bursitis, myospasm and myofascial trigger points and bilateral knee pain with internal derangement. Treatment to date has included lumbar fusion, lumbar epidural steroid injection and medication. According to the progress report dated 3/6/2015, the injured worker complained of severe low back pain with radiation into her bilateral hips, thighs and lower extremities rated 5/10. She also complained of left shoulder pain radiating to the trapezius and neck. She reported falling onto her left shoulder in December 2014 due to her left leg becoming weak and numb. The injured worker had a lumbar epidural steroid injection in September 2014 with over 60% relief for over two months. She walked with a single point cane. She wore a lumbar support brace. She had a slightly forward-flexed posture with ambulation and a mildly antalgic gait toward the left. She had pain with range of motion of the lumbar spine. There was lumbosacral paraspinous myospasm with myofascial trigger points. Straight leg raising test was positive on the left. Authorization was requested for physio therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physio therapy x 6 for 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 has a remote history of a work-related injury and continues to be treated for chronic radiating low back pain. She had physical therapy in 2013. Subsequent treated have included injections and she is being considered for a spinal cord stimulator. When seen, she was having severe pain and was ambulating with a cane and using a lumbar support. Under the chronic pain treatment guidelines, a six visit clinical trial with a formal reassessment prior to continuing therapy is recommended. In this case, reasonable goals of treatment would be expected to include a plan for lumbar support discontinuance and core muscle. The number of visits requested is consistent with that recommended and therefore is medically necessary.