

Case Number:	CM15-0082163		
Date Assigned:	05/04/2015	Date of Injury:	06/20/2010
Decision Date:	06/02/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/29/2015

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 54 year old female patient who sustained an industrial injury on 06/20/2010. A primary treating office visit dated 03/20/2015 reported the patient with subjective complaint of constant low back pain that radiates into the left lower extremity with numbness and tingling. She is diagnosed with status post lumbar spine fusion times two 05/20/2013, 08/27/2014. The plan of care involved: prescribing Oxycodone 10mg #50, Terocin patches, pending authorization for a lumbar spine brace and follow up in 4 weeks. A secondary treating office visit dated 11/13/2014 reported the patient being 4 weeks status post lumbar surgery and is with subjective complaint of having no significant change in the low back symptoms. He continues to complain of constant low back pain radiating into the bilateral lower extremities accompanied with numbness and tingling. She is diagnosed with status post lumbar spinal fusion. The plan of care involved: prescribing Norco 10/325, Flexeril, and dispensed Methoderm gel and obtain a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar and cervical spine, three times weekly for six weeks:

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 nearly 5 years status post work-related injury and continues to be treated for chronic radiating low back pain. When seen, pain was rated at 3-10/10. Additional spinal surgery had been recommended. Physical examination findings included decreased spinal range of motion and she was noted to be wearing a spinal brace. There was decreased left lower extremity sensation. She had normal cervical spine range of motion with paraspinal muscle tenderness and muscle spasms. Under the chronic pain treatment guidelines, a six visit clinical trial with a formal reassessment prior to continuing therapy is recommended. In this case, the number of visits requested is in excess of that recommended and therefore not medically necessary.