

Case Number:	CM15-0082472		
Date Assigned:	05/04/2015	Date of Injury:	05/23/1997
Decision Date:	06/03/2015	UR Denial Date:	04/20/2015
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 61 year old female, who sustained an industrial injury on 05/23/1997. She has reported subsequent low back and neck pain and was diagnosed with chronic low back pain with residual radiculopathy status post L3-S1 fusion and cervical strain with intermittent radiculopathy. Treatment to date has included oral and injectable pain medication, physical therapy and a home exercise program. In a progress note dated 03/30/2015, the injured worker complained of low back and neck pain. Objective findings were notable for mild muscle spasm and tenderness of the paracervical and paralumbar muscles, decreased range of motion, decreased sensation to the top of both feet bilaterally to light touch, pinprick and vibration, altered sensation in both anterior lateral thighs and knee area. A request for authorization of 8 sessions of physical therapy 2x/week x 4 weeks was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Additional Physical Therapy 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant has a remote history of a work injury occurring in 1997. She underwent a multilevel lumbar fusion in 2013 followed by postoperative physical therapy. When seen, she was having low back and neck pain. There was a slow gait with poor posture. There was decreased cervical spine and lumbar spine range of motion with muscle spasms and tightness. Straight leg raising was positive. The claimant has already had post-operative physical therapy and the physical medicine treatment period has been exceeded. The claimant is therefore being treated under the chronic pain guidelines. 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.