

Case Number:	CM15-0087204		
Date Assigned:	05/11/2015	Date of Injury:	08/27/2010
Decision Date:	07/07/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/06/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 47-year-old female, who sustained an industrial injury on 8/27/2010. The current diagnoses are chronic pain syndrome, spasm of muscle, hip pain, and displacement of lumbar intervertebral disc without myelopathy, post-laminectomy syndrome, chronic opiate use, depression, anxiety, and insomnia. According to the progress report dated 4/2/2015, the injured worker complains of severe pain and muscle spasms in her low back and left buttock area. The pain ranges from 6-10/10 on a subjective pain scale. The current medications are MS Contin, Roxicodone, Lorazepam, Soma, Bupropion, and Ambien. Treatment to date has included medication management, physical therapy, acupuncture, and surgical intervention. The plan of care includes 8 physical therapy sessions for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, once a week, for lumbar spine Qty: 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy one time per week to the lumbar spine #8 sessions is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are chronic pain syndrome; long-term use of other medications; post laminectomy syndrome; opiate dependence; displacement lumbar intervertebral disc without myelopathy; hip pain; depression, anxiety, insomnia and spasm. The date of injury is August 27, 2010. A progress note dated March 5, 2015 indicates the injured worker had prior physical therapy that was not helpful. The date of prior physical therapy is not documented in the medical record. The total number of physical therapy sessions is not documented in the medical record. Physical therapy progress notes are not contained in the medical record. The injured worker is presently treated with MS Contin 30 mg, MS Contin 15 mg, Roxicodone and Soma. There are no compelling clinical facts documented in the medical record indicating additional physical therapy is warranted. A six visit clinical trial is typically indicated (at the outset of treatment/physical therapy) and with objective functional improvement, additional physical therapy may be indicated. The documentation outlined above indicates physical therapy was "not helpful". Consequently, absent clinical documentation with objective functional improvement and compelling clinical facts indicating additional physical therapy is warranted, physical therapy one time per week to the lumbar spine #8 sessions is not medically necessary.