

Case Number:	CM15-0087218		
Date Assigned:	05/11/2015	Date of Injury:	04/04/2014
Decision Date:	06/12/2015	UR Denial Date:	04/22/2015
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: 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 April 4, 2014. He reported neck and back injuries. The injured worker was diagnosed as having lumbar degenerative disc disease, lumbar radiculopathy, lumbar spondylosis, and lumbar spinal stenosis with claudication. On July 12, 2014, an MRI of the lumbar spine revealed grade I anterolisthesis at lumbar 5-sacral 1, diffuse endplate sclerotic and spondylotic changes, mild bilateral neural foraminal stenosis and bilateral exiting nerve root compromise secondary to 1-2mm disc bulge at lumbar 3-lumbar 4, moderate neural foraminal narrowing and bilateral exiting nerve root compromise secondary to 1-2mm disc bulge and facet hypertrophy at lumbar 4-lumbar 5, severe neural foraminal narrowing and bilateral exiting nerve root compromise secondary to grade I anterolisthesis and facet hypertrophy, and bilateral pars defects. On March 15, 2015, x-rays of the lumbar spine revealed 3-4mm anterolisthesis of lumbar 5 with respect to sacral 1, moderate lumbar 5/sacral 1 degenerative disc disease, scattered endplate osteophytes, and bilateral pars defects at lumbar 5. Treatment to date has included physical therapy, chiropractic therapy, acupuncture, home exercise program, heat/cold, and medications including short-acting and long acting opioid, topical pain, muscle relaxant, non-steroidal anti-inflammatory, and anti-epilepsy. On March 30, 2015, the injured worker complains of ongoing low back and bilateral lower extremities pain. The pain is constant and progressively worsening. The pain is describes as aching, dull, sharp, and shooting. The pain radiates into the bilateral lower extremities to the feet. Associated symptoms include numbness, tingling, weakness, changes in bowel and bladder, and difficulty walking. His pain is rated 8/10. He is unable to work due to the pain. The physical

exam revealed a normal gait, normal range of motion except for limited extension due to pain, able to heel and toe walk, and bilateral posterior iliac spine tenderness. There was decreased sensation over the bilateral calves, normal reflexes, and a positive right straight leg raise. The treatment plan includes transforaminal epidural steroid injection. The requested treatment is 12 treatments of physical 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:

Physical therapy - 12 treatments (Lumbar spine): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Physical medicine guidelines Page(s): 98-99.

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 sustained a work injury in April 2014 and is being treated for radiating low back pain. He was seen for an initial evaluation. Treatments had included medications and heat and cold. He was having difficulty sleeping. Physical examination findings included decreased and painful lumbar spine range of motion with bilateral iliac spine tenderness and positive straight leg raise. A previous assessment in October 2014 references treatments as having included physical therapy, chiropractic care, and acupuncture which had been ineffective. The claimant is being treated for chronic pain. He has already had physical therapy without reported benefit. 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 prior therapy had not been effective. The request is therefore not medically necessary.