

Case Number:	CM15-0087443		
Date Assigned:	05/11/2015	Date of Injury:	07/09/1998
Decision Date:	06/15/2015	UR Denial Date:	04/13/2015
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 55 year old male who sustained an industrial injury on July 9, 1998. He has reported a back injury and has been diagnosed with low back pain, lumbar degenerative disc disease, lumbar foraminal stenosis at L3-4 and L4-5, lumbar spondylolisthesis, right foot pain, chronic, posttraumatic injury, and thoracic scoliosis. Treatment has included physical therapy, chiropractic care, injections, and medications. Physical examination noted the cervical spine was tight and tender. Musculoskeletal examination noted marked spasming of the lumbar paraspinal muscles especially on the right. MRI dated July 20, 2010 revealed L4-5 degenerative changes with facet hypertrophy, ligamentum flavum thickening, and a 3 mm disc bulge that results in moderate left and mild right lateral recess narrowing. Also moderate to severe disc space narrowing at L4-5 with disc desiccation at L3-4 and L4-5. The treatment request included PT lumbar evaluation/treat.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Lumbar Evaluation/Treatment: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-5. 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 evaluation and treatment 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. "There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living." In this case, the injured worker's working diagnoses are low back pain; lumbar DDD; lumbar foraminal stenosis at L3 - L4 and L4 - L5; lumbar spondylolisthesis; right pain chronic; and thoracic scoliosis. According to a progress note dated March 31, 2015, the injured worker's last visit was January 31, 2013. The injured worker now presents with a flare-up of back symptoms pain that radiates to the bilateral lower extremities. Objectively, there is spasm in the paraspinal lumbar muscle. The injured worker has not received physical therapy in quite some time. The treating provider requested a physical therapy evaluation and treatment and TENS. The treating provider does not specify a quantity of physical therapy sessions in conjunction with a timeframe. In addition, passive physical modalities are not recommended. There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as: transcutaneous electrical neurostimulation (TENS) units, and biofeedback. Consequently, absent clinical documentation with a quantity of physical therapy sessions and guideline non-recommendations for TENS, physical therapy evaluation and treatment is not medically necessary.