

Case Number:	CM15-0100099		
Date Assigned:	06/02/2015	Date of Injury:	08/31/2010
Decision Date:	06/30/2015	UR Denial Date:	05/02/2015
Priority:	Standard	Application Received:	05/26/2015

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 55-year-old male who sustained an industrial injury on 08/31/2010. Current diagnoses include lumbar spinal stenosis, L4-5 spondylolisthesis, grade II, and significant lumbar degenerative disc disease. Previous treatments included medications, physical therapy, and epidural injection. Previous diagnostic studies include a lumbar spine MRI and lumbar x-rays. Initial injuries included low back pain. Report dated 03/16/2015 noted that the injured worker presented with complaints that included low back pain with radiation down the left lower extremity. Pain level was 7-10 out of 10 on a visual analog scale (VAS). Current medications include ibuprofen, metformin, triamterene, and Lipitor. Physical examination was positive for slow gait with significant low back pain, difficulty with heel walk, tenderness at the L4-5 level, and decreased range of motion. The treatment plan included a request for an additional round of physical therapy to work on core stabilization, request for bilateral facet blocks and epidural steroid injection, and return in 2-3 months. Disputed treatments include physical therapy 3 times a week for 4 weeks to the lumbar spine 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 4 weeks to the lumbar spine 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Page(s): 46, 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 August 2010 and continues to be treated for radiating low back pain and left knee pain. When seen, pain was rated at 8/10. Prior treatments had included three years of physical therapy, which had helped only a little bit. He had a slow gait with normal lower extremity strength and sensation. A lumbar spine fusion was being considered. Epidural injections and facet blocks were requested as well as physical therapy. The claimant is being treated for chronic pain. There is no new injury. 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 prior, extensive, physical therapy was ineffective. The request is not medically necessary.