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| Case Number: | CM15-0110398 | | |
| Date Assigned: | 06/16/2015 | Date of Injury: | 09/17/2012 |
| Decision Date: | 07/15/2015 | UR Denial Date: | 05/22/2015 |
| Priority: | Standard | Application Received: | 06/08/2015 |

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 47 year old male, who sustained an industrial injury on 9/17/2012. Diagnoses include low back pain and lumbar disc protrusion. Treatment to date has included physical therapy and opioid pain medications. Per the Primary Treating Physician's Progress Report dated 3/09/2015, the injured worker reported low back pain and left sided radiculopathy with muscle tightness, numbness and tingling in the left arm. He reports that the pain has gotten worse since the last visit. Physical examination revealed left and right lateral bending, and flexion and extension of the lumbar spine are about 25% decreased with pain to palpation at the L4-5 and L5-S1 levels. The plan of care included pain medication, physical therapy and surgical consultation. Authorization was requested for 8 sessions of physical therapy, lumbar epidural steroid injection and lumbar x-rays.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of physical therapy over 4 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment 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 September 2012 and continues to be treated for low back pain. When seen, he had recently completed six physical therapy treatments. He was having ongoing back and leg pain. Pain was rated at 5-9/10. There was decreased spinal range of motion with decreased lower extremity strength and lower extremity dysesthesias. 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 claimant has recently had physical therapy. Patients are expected to continue active therapies at home. Ongoing compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing the number of additional skilled physical therapy services would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. The additional physical therapy requested was not medically necessary.