

Case Number:	CM15-0110978		
Date Assigned:	06/17/2015	Date of Injury:	12/23/2008
Decision Date:	07/17/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/09/2015

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 56 year old male patient who sustained an industrial injury on 12/23/2008. A primary treating recent office visit dated 03/04/2015 reported the patient with subjective complaint of intermittent moderate low back pain radiating down the right leg. He states the pain is almost constant. Objective findings showed examination of the lumbar spine revealed tenderness to palpation about the lumbar paravertebral musculature. There is a positive straight leg raising test bilaterally. There is decreased sensation to light touch on the left L5 distribution. There is restricted range of motion due to complaint of pain. The following diagnoses were applied: lumbar spine strain with radicular complaints, magnetic resonance imaging study showed disc bulges, status post epidural injection and facet blocks. The plan of care noted the patient to undergo pain management consultation, physical therapy session and to start Lyrica therapy. He was prescribed naproxen, Flexeril, Omeprazole and Voltaren gel and Lyrica. The patient was examined at an emergency room visit on 03/06/2015 for subjective complaint of left hip pain persisting over the past 72 hours. The patient has a medical history of degenerative disc disease, hypertension and dyslipidemia. His presentation showed him with left low back pain radiating down into his left leg. Examination is consistent with sciatica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 4 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 December 2008 and continues to be treated for radiating low back pain. When seen, he was having nearly constant pain. There was lumbar paraspinal tenderness and decreased range of motion with positive straight leg raising and decreased left lower extremity sensation. Imaging results were reviewed. Medications were prescribed and he was referred for 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 or what would be expected to be needed to reestablish or revise a home exercise program. The request is not medically necessary.