

Case Number:	CM15-0111459		
Date Assigned:	06/17/2015	Date of Injury:	11/04/2011
Decision Date:	07/17/2015	UR Denial Date:	05/28/2015
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 37 year old male with an industrial injury dated 11/04/2011. The injured worker's diagnoses include post-concussion syndrome, depression, headache, neck pain, low back pain, lumbar discogenic pain syndrome, lumbar stenosis, lumbar radiculitis and myalgia. Treatment consisted of diagnostic studies, prescribed medications, physical therapy and periodic follow up visits. In a progress note dated 05/07/2015, the injured worker reported neck, mid back and low back pain. Objective findings revealed tenderness over the lumbar paraspinals, pain with lumbar flexion and extension and positive right straight leg raises. The treating physician prescribed services for 6 sessions of physical therapy for the lumbar now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of physical therapy for the lumbar: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 November 2011 and continues to be treated for pain throughout the spine. When seen, pain was rated at 4-7/10 with use of medications. There was pain with spinal range of motion and paraspinal muscle tenderness. Right-sided straight leg raising was positive. There was cervical facet joint tenderness. The claimant is being treated for chronic pain. 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 consistent with that recommended and what might be anticipated in terms of establishing or revising a home exercise program. The request was medically necessary.