

Case Number:	CM15-0112135		
Date Assigned:	06/18/2015	Date of Injury:	03/26/2013
Decision Date:	07/17/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/10/2015

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 38-year-old male, with a reported date of injury of 03/26/2013. The diagnoses include low back pain, contusion strain/sprain of the lumbar spine, complicated by mild facet disease, lumbar nerve root compression, and lumbar radiculopathy. Treatments to date have included an MRI of the lumbar spine on 06/30/2014, which showed mild disc desiccation, mild disc space narrowing at the L3-4, L4-5, and L5-S1 levels, a disc bulge, mild facet hypertrophy, and mild foraminal compromise at L5-S1; oral medications; and electrodiagnostic study on 09/17/2014 with evidence of left L5 and S1 radiculopathy. The progress report dated 04/13/2015 indicates that the injured worker had continued pain in the lumbar spine and left leg. The pain was rated 4-5 out of 10, and 7-8 out of 10 with use. The physical examination showed moderate tenderness to the lower lumbar spine, mainly on the left side with moderate paraspinal induration consistent with paraspinal muscle spasm; limited lumbar range of motion; decreased pinprick sensation at the L4-5 and L5-S1 dermatomal distribution of the left leg; and positive straight leg raise test. It was noted that an MRI of the lumbar spine (date of service not indicated) showed disc bulge effacing the ventral thecal sac at L3-4 and L4-5, mild foraminal narrowing at L3-4 and L4-5, disc bulge complicated by right paracentral annular tear at L5-S1, mild foraminal compromise at L5-S1, mild effacement of the descending right S1 nerve root, and straightening of the normal lumbar lordosis. It was noted that the injured worker may continue at his current modified capacity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy lumbar 12 visits: Upheld

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-related injury in March 2013 and continues to be treated for radiating low back pain and left knee pain. When seen, there was decreased lumbar spine range of motion with tenderness and spasms and decreased left lower extremity sensation with positive straight leg raising. There was left knee tenderness with an effusion. The claimant is being treated for chronic pain. There is no new injury to the lumbar spine. 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 reestablish or revise a home exercise program. The request is not medically necessary.