

Case Number:	CM15-0114003		
Date Assigned:	06/22/2015	Date of Injury:	04/04/2014
Decision Date:	07/21/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/12/2015

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 32 year old male, who sustained an industrial injury on April 4, 2014. He reported low back pain and lower extremity pain. The injured worker was diagnosed as having lumbosacral radiculitis and pain in the limb. Treatment to date has included diagnostic studies, physical therapy, medication and work restrictions. Currently, the injured worker complains of continued low back pain with pain radiating to the buttock and bilateral lower extremities with associated tingling. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on May 20, 2015, revealed continued pain as noted. It was noted he had poor sleep secondary to pain. He reported some benefit with physical therapy and medications. Lumbar injections were discussed. Evaluation on June 8, 2015, revealed continued pain as noted. Physical therapy was requested.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back, physical therapy.

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 April 2014 and continues to be treated for radiating low back pain. Prior treatments had included physical therapy with temporary relief. When seen, he had received two sessions of physical therapy. Therapy is referenced as reducing stiffness with increased strength and improved mobility. Chiropractic treatments were pending. No physical examination findings were reported. Authorization for an additional 12 therapy sessions was requested. 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. The request is not medically necessary.