

Case Number:	CM15-0115844		
Date Assigned:	06/24/2015	Date of Injury:	06/28/2014
Decision Date:	07/22/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/16/2015

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 54-year-old male, who sustained an industrial injury on June 28, 2014, incurring back injuries after heavy lifting and twisting of his back. A lumbar Magnetic Resonance Imaging revealed degenerative changes and facet arthropathy with lateral foraminal stenosis. He was diagnosed with lumbar degenerative disc disease with herniation, lumbar sprain, cervical spine osteoarthritis, cervical degenerative disc disease, cervical spinal stenosis and cervical sprain. Treatment included physical therapy, acupuncture, chiropractic sessions, steroids, anti-inflammatory drugs, muscle relaxants, home exercise program, pain management and work restrictions and modifications. Currently, the injured worker complained of persistent low back pain and muscle spasms. The treatment plan that was requested for authorization included 18 physical therapy sessions for the spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 physical therapy sessions for the spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 299-300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Back Chapter, 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 June 2014 and continues to be treated for low back pain. Treatments have included medications, chiropractic care, acupuncture, and physical therapy. In March 2015, he was compliant with a home exercise program and in May 2015, he wanted to progress this program. The requesting provider for an initial evaluation saw him. He was having constant mid and low back pain. He was having right lower extremity numbness, tingling, and burning. He had full lumbar spine range of motion, which was painful. There was a normal neurological examination. The claimant is being treated for chronic pain with 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 might be needed to revise the claimant's current home exercise program. The request is not medically necessary.