

Case Number:	CM15-0120213		
Date Assigned:	06/30/2015	Date of Injury:	03/18/2014
Decision Date:	08/18/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/22/2015

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 48 year old male who sustained an industrial injury on 3/18/14 from carrying a heavy ladder. He developed low back pain radiating to the left lower extremity and bladder and urinary incontinence. He currently complains of low back pain with radiation to the left lower extremity aggravated with standing for more then 3-4 minutes. His pain level was 3/10. On physical exam, there was tenderness on palpation of the lumbar spine with guarding and spasm, decreased range of motion. Medication was Motrin. Diagnoses include lumbar spine sprain/ strain; sexual dysfunction; muscle spasm; disc bulge at L5-S1, L3-4, L4-5; neurogenic bladder; dysfunctional bladder; status post bladder surgery (no date); multilevel lumbar disc protrusions. Treatments to date include aquatic therapy offering temporary relief; medication with benefit; ice packs; exercise; physical therapy; 3 lumbar epidural steroid injections; left L5 nerve root injection with some improvement. On 4/14/15 the treating provider requested physical therapy to the lumbar spine three times per week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the lumbar, three times a week for four weeks: 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 March 2014 and continues to be treated for radiating back pain. He was evaluated for physical therapy on 03/02/15. He had completed a comprehensive course of land-based physical therapy. A trial of pool therapy was started. When seen, he was having back pain radiating to the level of his foot. He was having difficulty with prolonged standing. Kemp's testing and straight leg raising were positive. There was lumbar spine tenderness with guarding and muscle spasms. Additional physical therapy was requested. The claimant is being treated for chronic pain with no new injury and has recently had physical therapy, both land and pool based. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of visits requested is in excess of what might be needed to reestablish or revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.