

Case Number:	CM15-0121136		
Date Assigned:	07/01/2015	Date of Injury:	05/28/2006
Decision Date:	07/30/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/23/2015

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 51 year old male, who sustained an industrial injury on 5/28/2006. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include cervical spine sprain, lumbar disc protrusion, status post laminectomy, multilevel disc disease with stenosis and borderline compressions, and piriformis muscle pain. Treatments to date include activity modification, medication therapy including Celebrex, and epidural steroid injection and home TENS use. Currently, he complained of pain in the neck, low back and right knee. Pain was rated 4/10 VAS with Celebrex and 7/10 VAS without. On 5/29/15, the physical examination documented decreased lumbar range of motion and tenderness along the lumbar muscles and sacroiliac joint and ligament. The straight leg raise and Kemp's sign were both positive bilaterally. The plan of care included physical therapy with massage two times a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical therapy 2x6 Lumbar spine, Bilateral Hip: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical therapy guidelines (Lumbar).

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 has a remote history of a work injury occurring in May 2006 and continues to be treated for neck, low back, and right knee pain. Treatments have included physical therapy and in 2012 he was performing home exercises after spinal surgery. When seen, there was decreased cervical and lumbar spine range of motion with tenderness. Spurling's testing and Shoulder Depression testing was positive. Straight leg raising and Kemp's testing was positive. There was sacroiliac joint and iliotibial band tenderness and increased right trapezius muscle tone. There was decreased upper extremity sensation and decreased lower extremity strength. The claimant's BMI was nearly 32. The claimant is being treated for chronic pain with no new injury and has already had physical therapy including an independent home exercise program. Ongoing compliance with an independent exercise program would be expected and would not require continued skilled physical therapy oversight. 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 reestablish or revise his home exercise program. The request is not medically necessary.