

Case Number:	CM15-0124347		
Date Assigned:	07/08/2015	Date of Injury:	06/13/2013
Decision Date:	08/05/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/29/2015

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 59-year-old female patient who sustained an industrial injury on 06/13/2013. The accident was described as over the course of employment he experienced cumulative trauma and resulting injury. A primary treating office visit dated 05/21/2015 reported subjective complaint of low back pain continues. The treating diagnosis was lumbar spine discogenic pain. The plan of care noted: the patient obtaining a magnetic resonance imaging study of cervical/lumbar spine, provide a urine sample for toxicology, and prescribed tramadol 50mg. She is to follow up is 8 weeks. A chiropractic follow up on 03/05/2015 reported subjective complaint of having constant severe achy low back pain and tingling that radiates to bilateral lower extremities. The treating diagnoses were: lumbosacral strain/sprain; lumbar muscle spasm, and rule out lumbar disc protrusion. The patient voiced wishing to utilizing conservative treatment measures at a follow up visit on 01/22/2015. The treating diagnoses this visit showed cervical/lumbar spine strain/sprain with radiculitis; left shoulder rule out rotator cuff and left knee status post total knee replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lower back 3 times per week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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 2013 and continues to be treated for low back pain. When seen, pain was rated at 7/10. There was decreased and painful lumbar spine range of motion with tenderness and muscle spasms. Kemp's testing was positive and there was pain with straight leg raising. There was normal strength and sensation. The claimant is being treated for chronic pain with no new injury and has already had physical therapy. 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 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 well in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. The request is not medically necessary.