

Case Number:	CM15-0124479		
Date Assigned:	07/14/2015	Date of Injury:	12/03/2014
Decision Date:	08/07/2015	UR Denial Date:	06/15/2015
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 (IW) is a 42-year-old male who sustained an industrial injury on 12/03/2014. Diagnoses include lumbar spondylosis at L5-S1 (per x-ray) and myoligamentous lumbar spine sprain/strain. Treatment to date has included medications, activity modifications and physical therapy. According to the Primary Treating Physician's Initial Report dated 5/19/15, the IW reported frequent aching, sharp, stabbing and throbbing back pain rated 8/10. His pain was rated 9/10 with activity. He also complained of anxiety. On examination, range of motion (ROM) of the lumbar spine was 25 degrees flexion and 10 degrees extension and bilateral lateral bending. There was tenderness to palpation over the right lumbar paraspinal muscles, the sacroiliac joint (SIJ), the posterior superior iliac spine (PSIS) area and the buttocks with spasms present, worse on the right. Muscle strength, deep tendon reflexes and sensation were normal. Sitting and passive straight leg raise were both positive. Lumbar spine x-rays 5/19/15 showed moderate degenerative changes at L5-S1. A request was made for physical therapy twice weekly for four weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 4 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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 December 2014 and continues to be treated for low back pain. When seen, there had been completion of six physical therapy treatment sessions. He was having pain rated at 8-9/10. Physical examination findings included right lumbar paraspinal, sacroiliac joint, and posterior superior iliac spine tenderness. There were lumbar paraspinal spasms. Lumbar spine range of motion was decreased. Straight leg raising was positive. Authorization for 8 physical therapy treatment sessions was requested. The claimant is being treated for chronic pain with no new injury and has already had physical therapy without apparent benefit. 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 determine whether additional therapy was likely to be of any more benefit than when provided previously. The request is not medically necessary.