

Case Number:	CM15-0125332		
Date Assigned:	07/09/2015	Date of Injury:	08/07/2014
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 33-year-old male, who sustained an industrial injury on 8/7/14. He reported a sharp pain in his low back that radiated to his left buttock. The injured worker was diagnosed as having lumbar back sprain. Treatment to date has included x-ray, roentgenograms and CT scan. Currently, the injured worker complains of low back pain, which is constant and left buttock and thigh numbness. The pain radiates down to his left knee. There is also numbness noted in the left genital area including his testicle. He reports sleep disturbance, sexual dysfunction and symptoms of depression. The injured worker is diagnosed with lumbar strain, lumbar radiculitis (industrial) and spondylolisthesis. The injured worker is currently not working, as modifications were unable to be accommodated. A letter dated 3/9/15 states the injured worker is experiencing difficulty engaging in activities of daily living. He is able to heel/toe walk. There is tenderness to palpation at the lumbosacral juncture and paraspinous musculature. The injured worker experiences pain with range of motion; however, the note also states there is no lumbar spine motion with range of motion. Physical therapy for the lumbar spine (8 sessions-outpatients) is requested to improve the injured worker's symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy x 8 for the lumbar spine (12 previous): 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 August 2014 and continues to be treated for low back pain. Although being treated with a diagnosis of a lumbar strain, he also has left lower extremity symptoms. Case notes reference approval for 12 physical therapy treatments although only a single session appears to have been completed as she had increased pain when treated. When seen, he was having low back and left leg pain. There was decreased and painful lumbar spine range of motion with left paraspinal and sciatic notch tenderness. There was decreased left lower extremity sensation and a positive left straight leg raise. The claimant is more than six months status post work-related injury and is being treated under the chronic pain treatment guidelines. There is no new injury and he already had physical therapy with poor tolerance. 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 expected in term of assessing for effectiveness. The request was not medically necessary.