

Case Number:	CM15-0125684		
Date Assigned:	07/10/2015	Date of Injury:	02/24/2013
Decision Date:	08/06/2015	UR Denial Date:	05/29/2015
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 48 year old female who sustained an industrial injury on 2/24/13. Diagnoses are lumbago; low back pain and long term use of medications not elsewhere classified. In a progress report dated 4/28/15, the treating physician notes she has continued low back pain in the lumbar spine rated at 7/10. She has failed conservative treatment for 2 years. Back pain causes her to feel she is hardly able to do anything. She has long standing axial back pain which is due to internal disc disruption, facet joint arthropathy or ligament and muscle strain. She is taking Gabapentin, Ibuprofen and Tramadol. She had a lumbar epidural spine injection done in December and it got worse in February. She uses a transcutaneous electrical nerve stimulation unit, and has tried bracing and modified work. The MRI shows discogenic degeneration, some spondylosis. The treatment plan is to continue medications, recommend she undergo strenuous physical therapy for 12 visits and if that is not helpful, will recommend lumbar medial branch blocks to determine if facet joints are involved and if that does not help, will recommend a new MRI and possible surgical evaluation. Work status is modified. The requested treatment is physical therapy, 12 visits over 30 days 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, Lumbar Spine, 12 visits over 30 days: 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-related injury in February 2013 and continues to be treated for low back pain. Treatments have included medications TENS, bracing, and epidural steroid injections. When seen, there was increased pain rated at 7/10. There was decreased lumbar spine range of motion with facet tenderness. Physical therapy for strengthening was requested. The claimant is being treated for chronic pain with no new injury. 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 anticipated to achieve a goal of a home exercise program including strengthening. The request was not medically necessary.