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| Case Number: | CM15-0127434 | | |
| Date Assigned: | 07/14/2015 | Date of Injury: | 02/19/2015 |
| Decision Date: | 08/10/2015 | UR Denial Date: | 06/24/2015 |
| Priority: | Standard | Application Received: | 07/01/2015 |

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:

This 39 year old male sustained an industrial injury on 2/19/15. He subsequently reported back pain. Diagnoses include lumbar herniated nucleus pulposus, sciatica and degenerative disc disease. Treatments to date include MRI testing, modified work duty, physical therapy and prescription pain medications. The injured worker continues to experience low back pain and discomfort to the hips and legs, right more so than the left. Upon examination, there is moderate lumbar spasm. Slight limits to horizontal torsion and lateral bend. Positive straight leg raising on the right at 70 degrees, negative on the left. A request for Physical therapy 3 times a week for 5 weeks for the cervical and lumbar spine was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 5 weeks for the cervical and 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-related injury in February 2015 and continues to be treated for low back and lower extremity pain. When seen, prior physical therapy for six weeks had helped the cervical spine but not the lumbar spine. He was having significant low back symptoms. There was decreased lumbar range of motion with muscle spasms and positive right straight leg raising with right lower extremity weakness. Authorization for physical therapy was requested. The claimant is being treated for chronic pain with no new injury and has already had physical therapy for the low back without reported 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 physical therapy was likely to be any more effective than it had been previously. The request is not medically necessary.