MAXIMUS Federal Services

Case Number:	CM15-0171092		
Date Assigned:	09/11/2015	Date of Injury:	10/16/2014
Decision Date:	10/09/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/31/2015

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 46-year-old male, who sustained an industrial injury on October 16, 2014. He reported low back pain. The injured worker was diagnosed as having lumbosacral sprain and strain, lumbar intersegmental dysfunction (subluxation), sciatica, neuralgia and neuritis. Treatment to date has included diagnostic studies, rest, medications, exercise, twenty-four sessions of chiropractic care and six sessions of physical therapy. Notes stated that he reported minor temporary relief and remains symptomatic. On May 27, 2015, the injured worker complained of moderate to severe low back pain. The pain was rated as a 6-7 on a 1-10 pain scale. Bending, twisting, walking, being in one position too long and repeated lifting worsened the pain. The treatment plan included twelve sessions of physical therapy at two times a week for six weeks. A request was made for twelve sessions of physical therapy 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 for the lumbar spine x 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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 October 2014 and is being treated for low back pain. Treatments include physical therapy with completion of five or six sessions as of 04/27/15 with the same back tightness. When seen, he had also received 23 chiropractic treatments. Physical examination findings included lumbar tenderness with increased muscle tone. There was abnormal L4/5 and left sacroiliac joint motion. There was positive left straight leg raising and positive Kemp is testing. Valsalva and Prone Extension tests were positive. There was decreased left lower extremity strength and sensation. Authorization was requested for an additional 12 physical therapy treatments. 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 and there had been no substantial improvement after the physical therapy treatments already provided. The request was not medically necessary.