

Case Number:	CM15-0175001		
Date Assigned:	09/16/2015	Date of Injury:	08/16/2012
Decision Date:	10/16/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/04/2015

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 32 year old female, who sustained an industrial injury on 6-16-2012. Medical records indicate the worker is undergoing treatment for lumbar herniated nucleus pulposus, radiculopathy, anxiety and insomnia. A recent progress report dated 8-11-2015, reported the injured worker complained of severe low back pain. Physical examination revealed lumbar stiffness and guarding of the low back and tenderness to palpation. Treatment to date has included physical therapy, chiropractic care, epidural steroid injection and medication management. The physician is requesting 6 sessions of physical therapy for the lumbar spine and follow up with the orthopedic surgeon. On 8-28-2015, the Utilization Review noncertified 6 sessions of physical therapy for the lumbar spine and follow up with the orthopedic surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Once a Week for Six Weeks for the Lumbar Spine: Overturned

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 June 2012 and continues to be treated for severe low back pain with secondary psychological conditions. When seen, physical examination findings included lumbar tenderness with decreased and painful lumbar spine range of motion with tenderness and muscle spasms.. There was positive straight leg raising. She had decreased lower extremity strength. Authorization for six sessions of physical therapy and for surgical follow-up for consideration of a microdiscectomy with possible fusion was requested. The claimant is being treated for chronic pain and has not had physical therapy in at least 6 months. 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 consistent with that recommended and what might be anticipated in terms of establishing or revising a home exercise program or determining with additional physical therapy was needed or likely to be effective. The claimant has ongoing impairments and surgery is being considered as a possible option. The request was medically necessary.

Follow-Up with Orthopedic Surgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Office Visits; ACOEM Independent Medical Examinations and Consultations, Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant sustained a work injury in June 2012 and continues to be treated for severe low back pain with secondary psychological conditions. When seen, physical examination findings included lumbar tenderness with decreased and painful lumbar spine range of motion with tenderness and muscle spasms.. There was positive straight leg raising. She had decreased lower extremity strength. Authorization for six sessions of physical therapy and for surgical follow-up for consideration of a microdiscectomy with possible fusion was requested. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the question being asked is whether a surgical procedure would be considered in the claimant's management. The claimant had been seen for a prior surgical opinion in February 2013, more than 2 years ago. The request is clearly stated and is medically necessary.