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| Case Number: | CM15-0175029 | | |
| Date Assigned: | 09/16/2015 | Date of Injury: | 08/01/2014 |
| Decision Date: | 10/16/2015 | UR Denial Date: | 08/11/2015 |
| 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 59 year old female, who sustained an industrial injury on 08-01-2014. She has reported injury to the low back and bilateral wrists. The diagnoses have included sprain-strain, lumbar spine, with associated disc disease and scoliosis with associated radicular pain; lumbar disc displacement without myelopathy; sciatica, left lower extremity, with lumbar radiculopathy; and repetitive strain injury, bilateral upper extremity, with resultant bilateral carpal tunnel syndrome. Treatment to date has included medications, diagnostics, heat, ice, lumbar brace, chiropractic therapy, acupuncture, and physical therapy. It is noted that chiropractic therapy, acupuncture, and physical therapy have been somewhat helpful. Medications have included Ibuprofen, Cyclobenzaprine, Sertraline, Buprenorphine, Lidoderm Patch, and Omeprazole. A progress report from the treating physician, dated 08-06-2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of lower back pain with radicular symptoms; she has initiated physical therapy and has completed 4 out of 6 sessions at this time; she was able to take Motrin after and ice her back, and states that this was effective; she is hopeful she will continue improving with physical therapy and avoid injection therapy; the physical therapy has been painful at times, but is always concluded with deep tissue massage, which she states improves her condition overall; she has been utilizing Buprenorphine on an intermittent as-needed basis; this decreases her pain from an 8 out of 10 in intensity, down to a 5 out of 10 in intensity on the visual analog scale; she has not needed to take the medication this last month and does not need a refill today; the Lidoderm patches are very effective; and she is using her lumbar back brace and would like to use this with

physical therapy to assure maintenance of her core strength. Objective findings included she does not exhibit acute distress; no abnormalities observed with gait and station; and musculoskeletal strength in the bilateral upper and lower extremities is noted to be 5 out of 5. The treatment plan has included the request for physical therapy 1xwk x 12 wks lumbar spine. The original utilization review, dated 08-11-2015, non-certified a request for physical therapy 1xwk x 12 wks lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 1xwk x 12 wks lumbar spine: 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 August 2014 and continues to be treated for low back pain with lower extremity radicular symptoms. When seen, pain was rated at 8/10. She was using a cane. Physical examination findings included moderate obesity. There were lumbar spasms with guarding. There was an antalgic gait. Lidoderm was prescribed. Authorization for 12 sessions of physical therapy 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 needed to determine whether continuation of physical therapy was needed or likely to be effective. The request was not medically necessary.