

Case Number:	CM15-0179968		
Date Assigned:	09/21/2015	Date of Injury:	06/19/2013
Decision Date:	10/26/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/14/2015

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 54 year old male who sustained an industrial injury on 06-19-2013. According to a progress report dated 08-12-2015, the injured worker presented with back pain which had gradually worsened over time. Medications included Hydrocodone, Cyclobenzaprine and Naproxen. He last took a holiday from Flexeril and Norco due to insurance coverage for 45 days. With medications, he reported that he could sleep hours a night and could sit and stand longer. MRI of the lumbar spine performed on 01-06-2014 showed multilevel lumbar spondylosis and broad based disc bulges throughout 3 millimeter at L5-S1 and 2 millimeter at L4-5. He was switched to Oxymorphone at the last visit and it was making him drowsy in the morning. He had been doing physical therapy. He reported that he had been progressing and had increased his weight restriction to 30 pounds, had more mobility, increased range of motion and increased strength. Oxymorphone had been much more effective for his pain. He was able to participate in physical therapy and walk farther. He felt that he could tolerate more activity after taking Naproxen. Pain intensity was rated 4 out of 10 and described as constant of a variable sharp or dull quality in the lumbosacral spine and groin. Oxymorphone worked in 15 minutes, lasted 4 hours and provided 50% improvement. Function with medication included walking 20 minutes, sitting for 45-60 minutes, standing for 30 minutes and riding a stationary bike for 20-30 minutes. CURES report on 08-12-2015 was appropriate. Urine drug screen on 10-28-2014 was appropriate. Opioid risk assessment showed low risk. The injured worker's goal was to return to work. He did not think it would be possible to return as a plumber. Therefore, he was studying to be a CPA. Medication regimen included Naproxen, Cyclobenzaprine, Percocet, Colace,

Miralax, Zantac and Hydromorphone. Objective findings included a normal gait with normal station. Positive straight leg raise bilaterally was noted and produced familiar mid lumbosacral pain with a positive augmentation of that pain in dorsiflexion at the ankle. Tenderness of the supraspinous ligament, right iliolumbar ligament and ilial insertion was noted and was of the right erector spinae. Diagnoses included lumbar or thoracic radiculopathy, lumbar spondylosis, degenerative disc disease lumbar and sprain strain lumbar. Recommendations included Oxymorphone, discontinue Cyclobenzaprine, refill Naproxen, refill Zantac, refill Miralax and refill Colace and request for authorization for physical therapy 2 x 3 visits. The provider made reference to a physical therapy progress report that was dated 08-03-2015 and stated that the injured worker had finished his prescription of physical therapy and would continue to benefit from the skilled physical therapy program to manage his symptoms, address his deficits and prepare to return to work. The injured worker was to return for follow up in 1 month. An authorization request dated 8-17-2015 was submitted for review. The requested services included additional physical therapy 2 x 3 weeks. On 08-24-2015, Utilization Review non-certified the request for additional physical therapy 2 times per week for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional PT 2 times per week for 3 weeks: 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 June 2013 and is being treated for low back pain. Recent treatments include completion of 12 physical therapy sessions as of 08/03/15 including a home exercise program. When seen, here had been an overall 40% improvement. He had improved with the physical therapy treatments recently provided. Physical examination findings have included lumbar tenderness with positive straight leg raising and decreased right lower extremity sensation. In this case, there is no new injury and claimant has recently had physical therapy. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits. Providing the number of requested additional skilled physical therapy services is in excess of what might be needed to finalize the claimant's home exercise program and would not reflect a fading of skilled treatments. The request is not medically necessary.