

Case Number:	CM15-0062925		
Date Assigned:	04/08/2015	Date of Injury:	04/26/2011
Decision Date:	05/07/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/02/2015

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 37 year old male, who sustained an industrial injury on 04/26/2011. He has reported injury to the lower back. The diagnoses have included post-laminectomy syndrome lumbar region; and myofascial pain. Treatment to date has included medications, diagnostics, injections, physical therapy, and surgical intervention. Medications have included Norco, Gabapentin, and Lidocaine topical gel. A progress note from the treating physician, dated 03/20/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of ongoing lower back pain; pain is currently rated at 3/10 on the visual analog scale, but escalates to 5-8/10; pain is relieved by medications; and is taking one Norco daily which is helpful, but only lasts 5-6 hours. Objective findings included tenderness to palpation of the bilateral lumbar paraspinal muscles. The treatment plan has included the request for 16 physical therapy (evaluation and treatment) 2 times a week for 8 weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

16 physical therapy (evaluation and treatment) 2 times a week for 8 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Code of Regulations, Title 8, Effective July 18, 2009 physical medicine guidelines Page(s): 98-99.

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 is more than 4 years status post work-related injury and continues to be treated for chronic low back pain with diagnoses including post-laminectomy syndrome. When seen, symptoms were ongoing without reported new injury or exacerbation. 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 therefore not medically necessary.