

Case Number:	CM15-0067826		
Date Assigned:	04/15/2015	Date of Injury:	04/08/2014
Decision Date:	05/26/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/09/2015

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 (IW) is a 59-year-old male who sustained an industrial injury on 04/08/2014. Diagnoses include degenerative disc disease at L5-S1, postural back pain and chronic strain of the cervical, thoracic and lumbar spine. Treatment to date has included medications, physical therapy (PT), chiropractic treatment, trigger point injections and home exercise. Diagnostics included MRIs and x-rays. According to the progress notes dated 3/31/15, the IW reported ongoing constant back pain. He stated he did not like where he was sent previously for PT, however, the notes stated he was instructed in the wrong type of exercises: McKenzie lumbar extension exercises instead of Williams lumbar core stabilization exercises. A request was made for physical therapy twice weekly for three weeks for the cervical and lumbar spine and an orthopedic consultation with treatment recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x3 for the cervical and lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

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-related injury in April 2014 and continues to be treated for chronic low back pain. Prior treatments have included physical therapy with a question as to whether an alternative treatment approach should have been used. When seen, there was decreased lumbar range of motion. An MRI had shown multilevel spondylosis with varying degrees of foraminal narrowing. In this case, the claimant is now more than 6 months status post injury and the chronic pain treatment guidelines apply. 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 therefore medically necessary.

Orthopedic consult with Treatment Recommendations: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7: Independent Medical Examinations and Consultations, page 92, 112,127; Official Disability Guidelines (ODG), Lumbar & Thoracic, Office visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: Chapter 7: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant sustained a work-related injury in April 2014 and continues to be treated for chronic low back pain. Prior treatments have included physical therapy with a question as to whether an alternative treatment approach should have been used. When seen, there was decreased lumbar range of motion. An MRI had shown multilevel spondylosis with varying degrees of foraminal narrowing. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has ongoing pain despite the treatments provided. Imaging findings suggest discogenic degenerative disc disease. Whether any surgical treatment would be an option or further evaluation is warranted is not known, therefore the request is medically necessary.