

Case Number:	CM15-0068583		
Date Assigned:	04/16/2015	Date of Injury:	06/27/2006
Decision Date:	05/15/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/10/2015

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 38 year old male who sustained an industrial injury on 06/27/2006. Current diagnosis includes displacement of lumbar intervertebral disc without myelopathy. Previous treatments included medication management, chiropractic therapy, inversion table, home exercises, H-wave machine, and physical therapy. Previous diagnostic studies included MRI of the lumbar spine and x-rays of the lumbar spine. Report dated 02/11/2015 noted that the injured worker presented with complaints that included low back pain with radiation to the legs and thighs. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included awaiting approval for spinal fusion and referral for physical therapy. Disputed treatment includes 12 session of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy sessions: Upheld

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

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 nearly 10 years status post work-related injury and continues to be treated for radiating low back pain. A lumbar spine fusion is being planned. Prior treated have included 15 physical therapy treated as of September 2014 and the claimant was referred again for physical therapy in February. Now being requested is an additional 12 skilled therapy treatments. 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 claimant has had physical therapy and surgery is being planned. Providing additional skilled physical therapy services would promote dependence on therapy-provided treatments and does not reflect a fading of treatment frequency. The request is therefore not medically necessary.