

Case Number:	CM15-0071685		
Date Assigned:	04/21/2015	Date of Injury:	05/11/2010
Decision Date:	05/20/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/14/2015

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 53-year-old male, who sustained an industrial injury on 5/11/2010. Diagnoses include carpal tunnel syndrome, brachial neuritis or radiculitis, thoracic or lumbosacral neuritis or radiculitis and shoulder region disorders not elsewhere classified. Treatment to date has included physical therapy, medications, diagnostics and work restriction. Per the Primary Treating Physician's Progress Report dated 2/19/2015, the injured worker reported back pain with radiation to the lower extremities. Physical examination revealed spasm, tenderness and guarding in the paravertebral musculature of the lumbar spine with loss of range of motion. The plan of care included home exercise, medications and physiotherapy. Authorization was requested for 12 sessions of physical therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy - 12 treatments (Lumbar Spine): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine 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 sustained a work injury more than five years ago and continues to be treated for radiating low back pain. Prior treatments had included physical therapy including a home exercise program, which the claimant was quite resistant to due to his high level of pain. Physical examination findings included decreased and painful lumbar spine range of motion with tenderness, muscle spasm, and guarding and decreased lower extremity sensation. The claimant has not had recent physical therapy. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. The number of visits requested is in excess of that recommended and what would be expected to be needed to revise the claimant's home exercise program and therefore not medically necessary.