

Case Number:	CM15-0074875		
Date Assigned:	04/24/2015	Date of Injury:	09/27/1985
Decision Date:	05/22/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/20/2015

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 an 82 year old male, who sustained an industrial injury on 9/27/1985. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include multilevel degenerative disc disease with spondylolisthesis, anterolisthesis and lateral listhesis, and chronic acute and subacute left L5 radiculopathy. Treatments to date include medication therapy, physical therapy, and therapeutic steroid injections. Currently, he complained of persistent back pain that radiates down to the right buttock area. On 3/5/15, the physical examination documented tenderness in the piriformis area. A therapeutic steroid injection was administered on this date to the left piriformis. The plan of care included physical therapy twice a week for four weeks and a replacement for the ergonomic chair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 2 x per week x 4 weeks, lumbar spine (per 03/05/15 order): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 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 nearly 30 years status post work-related injury and is being treated for low back and right buttock pain. He has used an ergonomic chair for more than 25 years and a replacement is being requested. When seen, he had piriformis muscle tenderness and a left piriformis injection was performed. Physical therapy was requested. 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.

Ergonomic chair, per 03/05/15 order, Qty: 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Ergonomics interventions.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Ergonomic interventions.

Decision rationale: The claimant is nearly 30 years status post work-related injury and is being treated for low back and right buttock pain. He has used an ergonomic chair for more than 25 years and a replacement is being requested. When seen, he had piriformis muscle tenderness and a left piriformis injection was performed. Physical therapy was requested. Ergonomic interventions are recommended as an option. In this case, the claimant is working and has successfully used an ergonomic chair on a long term basis without need for work restrictions. A replacement chair is therefore medically necessary.