

Case Number:	CM15-0076298		
Date Assigned:	04/27/2015	Date of Injury:	06/09/2013
Decision Date:	05/28/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/21/2015

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 58 year old female patient who sustained an industrial injury on 06/09/2013. A primary treating office visit dated 03/16/2015 reported the patient with subjective complaint of moderate low back pain. The pain is described as sharp and electric like in character. She also complains of weakness. She takes Advil as needed for the pain. She is status post microdiscectomy. Of note physical therapy to the lower back has shown pain relief in the past and recommending more sessions. She is diagnosed with displacement of lumbar intervertebral disc without myelopathy. The plan of care involved: continuing with conservative management. She is currently not working. Another primary treating office visit dated 04/04/2014 reported subjective complaint of nocturnal urgency worse when in the supine position, at night and has been occurring since June. She is with persisting low back pain, right side with spasm and numbness. The pain radiates down the right leg. There is no change in the treating diagnosis. The plan of care involved: recommending another epidural steroid injection, additional physical therapy sessions, and follow up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x Wk x 5 Wks for the 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 is nearly 2 years status post work-related injury and continues to be treated for chronic low back pain. Treatments have included a lumbar discectomy. She has had physical therapy with reported benefit. When seen, she was having right-sided low back pain with muscle spasms and symptoms radiating into the right leg. Physical examination findings included decreased lumbar spine range of motion with a normal neurological examination. A previous request was for six sessions of physical therapy and transition to a home exercise program. Under the chronic pain treatment guidelines, a six visit clinical trial with a formal reassessment prior to continuing therapy is recommended. In this case, the number of visits requested is in excess of that recommended. Providing the number of requested additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The request is therefore not medically necessary.