

Case Number:	CM15-0076326		
Date Assigned:	04/28/2015	Date of Injury:	04/13/2014
Decision Date:	05/26/2015	UR Denial Date:	03/24/2015
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 46 year old male who sustained an industrial injury on 4/13/14. He has reported initial complaints of mid back, shoulder, arm, and leg and knee pain after tripping and falling on his back. The diagnoses have included lumbar degenerative disc disease (DDD), multiple lumbar disc bulges, lumbar stenosis, lumbar post laminectomy syndrome, disorders of the bursa and tendons in the shoulder region, chronic low back pain, lumbosacral radiculitis, and osteoarthritis. Treatment to date has included medications, activity modifications, surgery, diagnostics and home exercise program (HEP). The diagnostic testing that was performed included x-rays, Magnetic Resonance Imaging (MRI) and electromyography (EMG) and nerve conduction velocity studies (NCV). Currently, as per the physician progress note dated 3/6/15, the injured worker complains of pain in the mid/lower back, bilateral shoulders, arms, elbows, hands, legs, knees and ankles. He has associated tingling and weakness in the arms, legs, hands and feet. The pain is rated 5-6/10 with 4/10 at best and 7/10 on pain scale at worst. The average pain is 8/10. He describes the pain as sharp, shooting and electric like with muscle pain and pins and needles sensation. The musculoskeletal exam revealed decreased lumbar range of motion, tenderness to palpation, spasms, and diminished sensation in the bilateral lower extremities. There was no previous therapy sessions noted. The injured worker was not working and was placed on temporary total disability. The physician requested treatment included Physical Therapy 2 times a week for 6 weeks 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 2x6 weeks for the lumbar spine: Upheld

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

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 more than one year status post work-related injury and is being treated for chronic pain including a diagnosis of post-laminectomy syndrome. When seen, he was having increased pain. He had decreased lumbar range of motion and lower extremity sensation. The claimant has chronic pain and 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 in excess of that recommended and therefore not medically necessary.