

Case Number:	CM15-0076856		
Date Assigned:	04/28/2015	Date of Injury:	01/24/2014
Decision Date:	05/26/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/22/2015

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 48 year old male, who sustained an industrial injury on 1/24/14. The injured worker was diagnosed as having lumbar spine strain/sprain, rule out herniated lumbar disc with radiculitis/radiculopathy. Treatment to date has included oral medications including opioids, activity restrictions and intramuscular injection. Currently, the injured worker complains of continued pain in lumbar spine with radiation to lower extremity. Physical exam noted limited range of motion of lumbar spine with tenderness to palpation over the lumbar paraspinal musculature with paraspinal spasms and tightness and hypoesthesia of foot and ankle bilaterally. The treatment plan included request for authorization for (EMG) Electromyogram/ (NCV) Nerve Condition Velocity studies, (MRI) magnetic resonance imaging of lumbar spine, refilling of oral medication and 12 physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Lumbar Spine (unspecified frequency & duration): 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 sustain a work injury in January 2014 and continues to be treated for radiating low back pain. When seen, there was decreased lumbar spine range of motion with paraspinal muscle spasms, tenderness, and tightness. There was positive straight leg raising and decreased lower extremity strength and sensation. In this case, the claimant is more than six months status post injury and therefore the 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.