

Case Number:	CM15-0078459		
Date Assigned:	04/29/2015	Date of Injury:	12/09/2009
Decision Date:	06/01/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/23/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55 year old male, who sustained an industrial injury on 12/09/2009. The initial complaints or symptoms included low back pain/injury. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, MRIs, CT scans, lumbar spine surgery (x3), and conservative therapies (including 6/15 sessions of physical therapy by 02/04/2015). Currently, the injured worker complains of continued moderate to severe axial lumbar spine pain without radiating factors. The injured worker reported an average pain level of 9/10 over the previous month, and stated that on a scale of 0-10, he rated the interference of pain with ability to function and participate in activities of daily living at a 7/10. Current pain medications include trazodone and Norco. The diagnoses include failed lumbar surgery syndrome, chronic pain due to trauma, and insomnia due to medical condition. The treatment plan consisted of 12 sessions of physical therapy to 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 to the lumbar spine, 12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The injured worker is being treated for chronic low back pain diagnosed as failed back syndrome following several lumbar spine decompression and fusion procedures. He is also being treated for insomnia secondary to chronic pain. Physical exam is significant for mild lumbar paraspinal tenderness and muscle spasms. Straight leg raise test is negative. Lumbar range of motion is painful in all planes and limited to flexion at 55. Neurologic exam is normal. Current treatment includes Norco for pain and trazodone for sleep. Spinal cord stimulator has been recommended but is not currently being pursued. Request has been made for 12 physical therapy sessions. For the diagnosis of myalgias MTUS guidelines recommends 9-10 visits of physical therapy over 8 weeks. There should be an allowance for treatment frequency fading with a self-directed home physical medicine program. In the case of this injured worker, request for 12 physical therapy sessions exceeds treatment guidelines and is therefore not medically necessary.