

Case Number:	CM15-0091127		
Date Assigned:	05/15/2015	Date of Injury:	06/10/2011
Decision Date:	06/18/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/12/2015

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 59 year old female with an industrial injury dated 6/10/2011. The injured worker's diagnoses include chronic lumbar disc herniation, chronic shoulder pain and chronic right lumbar radiculopathy. Treatment consisted of diagnostic studies, prescribed medications and periodic follow up visits. In a progress note dated 4/13/2015, the injured worker reported increasing pain down her right lower extremity. The injured worker rated her pain an 8/10 without medication and 4/10 with medication. Objective findings revealed positive straight leg test on the right causing radiating pain at about 40 degrees elevation. The treating physician noted that the Magnetic Resonance Imaging (MRI) from 2013 revealed a large disc herniation at L4-5 that is impinging the nerve roots. The treatment plan consisted of physical therapy and lumbar epidural steroid injection (ESI) for her radicular pain. The treating physician prescribed services for urgent physical therapy for the lumbar spine now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT physical therapy 2 x wk x 3 wks lumbar spine: Overturned

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

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) Physical therapy (PT).

Decision rationale: The claimant sustained a work injury in June 2011 and is being treated for low back pain with right lower extremity radiating leg symptoms. When seen, she was continuing to work full-time. She was having increasing radiating symptoms into her right leg. Physical examination findings included positive straight leg raising. Authorization for an epidural injection and physical therapy was requested. The claimant is being treated for chronic pain. In terms of physical therapy treatment for this condition, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is consistent with guideline recommendations. The claimant is working but has increasing symptoms which, if not treated, might jeopardize her ability to continue working. The request was therefore medically necessary.