

Case Number:	CM15-0094177		
Date Assigned:	05/20/2015	Date of Injury:	05/21/2010
Decision Date:	06/22/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/15/2015

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 May 21, 2010. He reported as a result of moving a cabinet, he injured himself. The injured worker was diagnosed as having status post microdiscectomy in 2012, degenerative disc changes at L4-S1 with right foraminal L5-S1 annular fissure and dorsal disk protrusion at L4-L5 per MRI from October 2011, lumbar discogenic pain with an updated MRI from 2012 showed a left hemilaminectomy at L4-L5 with no residual disk or recurrent disk with disk desiccations noted at L4-L5 and L5-S1 and left paracentral disk bulge at L5-S1. Treatment to date has included H-wave, MRIs, lumbar surgery, TENS, electrodiagnostic evaluation, physical therapy, and medication. Currently, the injured worker complains of low back pain with radiating pain down his lower extremities. The Primary Treating Physician's report dated April 20, 2015, noted the injured worker continued to do well with his current pain medication regimen, with the Ultracet bringing his pain from a 9/10 down to a 4/10. The injured worker's current medications were listed as Ultracet, Gabapentin, Colace, Cymbalta, with use of H-wave therapy. Physical examination was noted to show the injured worker with an antalgic gait, ambulating with a cane, with significant decreased range of motion (ROM) in the lumbar spine. The treatment plan was noted to include a month supply of medications dispensed including Ultracet, Gabapentin, and Cymbalta, and prescriptions for TENS electrodes and pads for H-wave unit, with request for authorization for eight sessions of physical therapy for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 8 (Low back): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 sustained a work-related injury in May 2010 and underwent a microdiscectomy in 2012. He continues to be treated for radiating low back pain. When seen, his current medications were providing pain control. There was decreased lumbar range of motion and an antalgic gait with use of a cane. The claimant is being treated for chronic pain. 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. The request is not medically necessary.