

Case Number:	CM15-0094727		
Date Assigned:	05/20/2015	Date of Injury:	05/22/2014
Decision Date:	06/24/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/11/2015

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 (IW) is a 43 year old female who sustained an industrial injury on 05/22/2014. She reported sharp pain in the lower back radiating into the left leg down into the left knee. The injured worker was diagnosed as having neck sprain, cervicalgia, intervertebral disc disorder with myelopathy lumbar region, and sciatica. Treatment to date has included eight sessions of chiropractic and physical therapy treatment (2 x weeks x 4 wk.). The worker states she feels 60% improvement in her lower back area and has reduced her pain medication from three pills a day to one. Currently, the injured worker complains of constant bilateral low back pain rated a 4/10 with numbness radiating to the left leg and constant bilateral aching neck pain radiating to bilateral shoulders. This is after pain medication. On examination, there are no motor or neurologic deficits of the upper extremities. There is paraspinal tenderness from C1-T1 bilaterally with facet joint tenderness. Cervical range of motion is slightly decreased. Spurlings is negative bilaterally. Foraminal compression is positive bilaterally with pain Adson's is negative bilaterally. The lumbar spine reveals paraspinal tenderness bilaterally at level L4-L5 and L5-S1. Left sided SI joint tenderness is also noted. Sciatic notch and sciatic nerve tenderness is also noted on the left side. Bilateral lower extremity reflexes are normal. The treatment plan is to request additional outpatient physical therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 additional outpatient physical therapy for the lumbar spine: Upheld

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

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.

Decision rationale: The claimant sustained a work injury in May 2014 and continues to be treated for neck and radiating low back pain. When seen, she had completed eight chiropractic and physical therapy treatments. There been a 60% improvement and she was taking less pain medication. Pain was rated at 3-4/10. She was having difficulty sleeping. Physical examination findings included decreased cervical and lumbar spine range of motion. There was lumbar paraspinal tenderness and bilateral lumbar facet and left sacroiliac joint tenderness. There was decreased left lower extremity strength and sensation. Authorization for additional physical therapy was requested. Guidelines recommend up to 12 visits over 8 weeks for the treatment of the claimant's lumbar spine condition. In this case, the number of additional visits requested is in excess of that recommended or that would be needed to establish a home exercise program. The request is not medically necessary.