

Case Number:	CM15-0095880		
Date Assigned:	05/22/2015	Date of Injury:	06/03/2013
Decision Date:	06/24/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/18/2015

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 44-year-old male, who sustained an industrial injury on 6/3/13. He has reported initial complaints of a back injury after unloading his truck. The diagnoses have included lumbar spine bulging disc with right sided radiculopathy. Treatment to date has included medications, activity modifications, diagnostics, physical therapy and home exercise program (HEP). Currently, as per the physician progress note dated 2/16/15, the injured worker complains of increased pain in the mid-back area. Physical exam of the lumbar spine reveals spasm, pain with motion, point tenderness with palpation in the lower lumbar area and Lesegue's test is positive on the right. There is decreased range of motion in extension and lateral bend to the left and right and decreased sensation to the dorsal aspect of the right foot. The previous physical therapy sessions were noted. The current medications included Norco, Soma, Motrin and Voltaren gel. There were no diagnostic studies noted in the records. The physician requested treatment included Physical Therapy three (3) times a week for four (4) weeks for 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 three (3) times a week for four (4) weeks for the Lumbar Spine: 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 sustained a work-related injury in June 2013 and continues to be treated for chronic back pain. Treatments have included recent physical therapy including a home exercise program. When seen, there was decreased spinal range of motion with muscle spasms and tenderness. There was a positive Lasgue test on the right with decreased right lower extremity strength and sensation. In this case, the claimant has already had recent therapy treatments. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing the number of requested additional skilled therapy services would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. Therefore, the requested therapy was not medically necessary.