

Case Number:	CM15-0098644		
Date Assigned:	06/01/2015	Date of Injury:	11/27/2012
Decision Date:	06/30/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/21/2015

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 55 year old male, who sustained an industrial injury on 11/27/12. The injured worker was diagnosed as having lumbar (HNP) herniated nucleus pulposus, pain, radiculopathy, sprain, stenosis and sciatica. Treatment to date has included left sided discectomy and bilateral L4-5, L5-S1 hemilaminotomy, foraminotomy and decompression, physical therapy, home exercise program and oral medications including Lyrica. (EMG) Electromyogram studies of bilateral lower extremities performed on 12/17/14 revealed were unremarkable. Currently, the injured worker complains of constant low back pain rated 6/10 and bilateral antero-posterior thigh pain rated 4/10. Physical exam noted mild tenderness on palpation along the lumbar spine with restricted range of motion and unremarkable exam of right and left lower extremities. The treatment plan included request for authorization for 8 physical therapy sessions, bilateral greater trochanteric injections, functional capacity evaluation and work hardening for one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Conditioning x 1 month for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125.

Decision rationale: The claimant sustained a work injury in November 2012 continues to be treated for low back and bilateral leg pain. When seen, pain was rated at 4-6/10. He had injured his knee two weeks before had received a cortisone injection. He was having knee pain rated at 8/10. Physical examination findings included minimally decreased lumbar spine range of motion. There were findings of right greater trochanteric bursitis. He had decreased lower extremity strength with normal sensation. Prior treatments had included physical therapy including instruction in a home exercise program. The assessment references completion of 16 therapy sessions. The purpose of work conditioning / hardening is to prepare a worker who has functional limitations that preclude the ability to return to work at a medium or higher demand level. Participation is expected for a minimum of 4 hours a day for three to five days a week with treatment for longer than 1-2 weeks if there is evidence of patient compliance and demonstrated significant gains. In this case, one month of work conditioning is being requested which cannot be considered as medically necessary.

Functional capacity evaluation: 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), Functional Capacity Evaluation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, p 64.

Decision rationale: The claimant sustained a work injury in November 2012 continues to be treated for low back and bilateral leg pain. When seen, pain was rated at 4-6/10. He had injured his knee two weeks before had received a cortisone injection. He was having knee pain rated at 8/10. Physical examination findings included minimally decreased lumbar spine range of motion. There were findings of right greater trochanteric bursitis. He had decreased lower extremity strength with normal sensation. Prior treatments had included physical therapy including instruction in a home exercise program. The assessment references completion of 16 therapy sessions. The claimant is being treated for chronic pain. There is no new injury. 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 or what would be needed to revise his home exercise program. The request is not medically necessary.

Physical Therapy 2x a week for 1 month for the lumbar spine: Upheld

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

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 injury in November 2012 continues to be treated for low back and bilateral leg pain. When seen, pain was rated at 4-6/10. He had injured his knee two weeks before had received a cortisone injection. He was having knee pain rated at 8/10. Physical examination findings included minimally decreased lumbar spine range of motion. There were findings of right greater trochanteric bursitis. He had decreased lower extremity strength with normal sensation. Prior treatments had included physical therapy including instruction in a home exercise program. The assessment references completion of 16 therapy sessions. The claimant is being treated for chronic pain. There is no new injury. 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 or what would be needed to revise his home exercise program. The request is not medically necessary.