

Case Number:	CM14-0157838		
Date Assigned:	10/01/2014	Date of Injury:	06/20/2006
Decision Date:	11/17/2015	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/26/2014

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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 36 year old female who sustained an industrial injury on 06-20-2006. A review of the medical records indicated that the injured worker is undergoing treatment for lumbar radiculopathy, lumbar degenerative disc disease and myofascial pain. According to the treating physician's progress report on 07-23-2014, the injured worker continues to experience low back pain radiating to the bilateral lower extremities, worse on the right side, rated at 7 out of 10 on the pain scale. Examination demonstrated lumbar paraspinal muscle spasms and stiffness with dysesthesia to light touch in the right L5 and S1 dermatomes. Straight leg raise was noncontributory in the bilateral lower extremities. The injured worker had an antalgic gait on the right. Lumbar spine magnetic resonance imaging (MRI) performed on 05-16-2014 with official report was included in the review. Prior treatments have included diagnostic testing, H-wave therapy and medications. Current medications were listed as Topiramate, Gabapentin, Cyclobenzaprine, and Omeprazole. A lumbar epidural steroid injection had been authorized and expired and the records do not reflect the injection being performed. There was no discussion within the medical review of recent or past physical therapy sessions attended, functional response to physical therapy or the quantity completed. Treatment plan consists of starting Tizanidine at bedtime and the current request for physical therapy 12-16 sessions to the lumbar area. On 09-15-2014 the Utilization Review determined the request for physical therapy 12-16 sessions to the lumbar area was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 12-16 sessions, lumbar area: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 08/22/14).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy.

Decision rationale: Pursuant and to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy 12 - 16 sessions to the lumbar spine is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are lumbar radiculopathy; myofascial pain; chronic low back pain; and lumbar degenerative disc disease. Date of injury is June 20, 2006. Request for authorization is September 8, 2014. According to a September 3, 2014 progress note, subjective complaints include ongoing low back pain 7/10 that radiates to the bilateral lower extremities. Medications are not working. The injured worker wants additional physical therapy. Objectively, there is spasm with stiffness in the lumbar paraspinal muscles. The injured worker walks with an antalgic gait. The treating provider is requesting additional physical therapy for radicular pain. The documentation indicates the injured worker's past physical therapy was greater than one year prior. There were no physical therapy progress notes in the medical record. There is no documentation of objective functional improvement from prior physical therapy. The total number of prior physical therapy sessions is not documented in the record. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated. Based on the clinical information and medical records, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no documentation indicating the total number of prior physical therapy sessions and no compelling clinical facts indicating additional physical therapy over the recommended guidelines as clinically indicated, physical therapy 12 - 16 sessions to the lumbar spine is not medically necessary.