

Case Number:	CM14-0204215		
Date Assigned:	12/16/2014	Date of Injury:	05/19/2014
Decision Date:	02/10/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/05/2014

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. The expert reviewer is Board Certified in Family Practice, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This man sustained an industrial injury on 5/19/2014 which resulted in a back injury. Current diagnoses include myalgia and myositis, neuralgia, neuritis, and radiculitis, and reflex sympathetic dystrophy. The mechanism of injury is not detailed. Evaluations include MRI of the thoracic and lumbar spine on 6/30/2014 showing 2mm disc bulge with mild left sided anterior compression of the dura at T2-T3, left sided compression by a disc demonstrated in axial plane images of T3-T4, 3mm posterior disc bulge with mild to moderate midline compression of the dura at T4-T5, and disc space narrowing and loss of nucleus pulposus signal intensity at T5-T6. Lumbar spine showed disc space narrowing and loss of nucleus pulposus signal intensity with a 3 mm posterior disc bulge and mild central canal narrowing and mild right neural foraminal narrowing at L3-L4, disc space narrowing with loss of nucleus pulposus signal intensity and 3mm posterior disc bulge without central canal narrowing with mild left and slight mid right neural foraminal narrowing at L4-L5. There is documentation of three physical therapy visits with documentation of functional improvement with the ability to bend and perform activities of daily living and progress with core strength and cardio conditioning. There is an additional note that the adjuster was delaying therapy and that the worker would not be able to attend sessions. No further details were available. Physician notes dated 10/28/2014 show complaints of low and mid back pain. Physical examination shows decreased range of motion, pain with straight leg raises, and good strength. The treatment plan includes continuing physical therapy for the lumbar spine, continuing with pain management services, and follow up in six weeks. The worker is noted to be temporarily totally disabled. On 11/6/2014, Utilization Review evaluated a prescription for eight additional sessions of physical therapy for the low back. The UR physician noted that it is unclear how many sessions of physical therapy the worker has already received, there is no documentation indicating improvement with physical therapy, no documentation to

identify why further physical therapy is required, and that documentation is illegible. The request was denied and subsequently appealed to Independent Medical Review. He has had a urine drug toxicology report on 9/23/14 that was positive for hydrocodoneHis medication list includes Flexeril and NorcoPatient has received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of physical therapy for the low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 98.

Decision rationale: The guidelines cited below state, " allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine" Patient has received an unspecified number of PT visits for this injury Previous conservative therapy notes were not specified in the records provided.The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria.The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels."Furthermore, documentation of response to other conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts was not provided in the medical records submitted. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided.The medical necessity of the request for 8 sessions of physical therapy for the low back is not fully established for this patient.