

Case Number:	CM15-0003278		
Date Assigned:	01/14/2015	Date of Injury:	09/15/2014
Decision Date:	03/16/2015	UR Denial Date:	12/06/2014
Priority:	Standard	Application Received:	01/07/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48 year old male with an industrial injury dated 09/16/2014. His diagnoses include lumbar muscle strain and lumbar radiculopathy. Recent diagnostic testing has included a MRI of the lumbar spine (10/24/2014) which revealed chronic disc degeneration at the L3-L5 levels associated with dorsal disc bulging. He has been treated with medications and physical therapy for several weeks. In a progress note dated 12/19/2014, the treating physician reports that the injured worker has experience a flare up of low back pain and was seen in the emergency room where he was treated with morphine injection and provided Norco. The objective examination revealed tenderness/pain and tightness to palpation over the lumbosacral area and right sacroiliac joint. The rest of the exam showed no significant abnormalities. The treating physician is requesting additional physical therapy which was denied by the utilization review. On 12/05/2014, Utilization Review non-certified a request for of physical therapy 2 times per week for 6 weeks to the lumbar spine, noting the absence of documented scope, nature and outcome of previous physical therapy as well as the absence of objective functional improvement. The ACOEM and ODG were cited. On 01/07/2015, the injured worker submitted an application for IMR for review of physical therapy 2 times per week for 6 weeks to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2x Wk x 6 Wks Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The patient, a 48-year-old male with an injury date of 09/15/14, presents with low back and bilateral hip pain rated 07/10. The request is for PT 2X WK X6 WKS LUMBAR SPINE. The RFA provided is dated 12/22/14 and states: physical therapy 2 times a week for six visits for strengthening. Physical examination to the lumbosacral area revealed pain and tightness to palpation. Patient's diagnosis on 11/25/14 included sprain and strain of lumbar and lumbar radiculopathy. Relevant Diagnostic procedures included X-ray and MRI lumbar spine on 10/24/14 which revealed a bulged disc at two levels, but no significant stenosis. Concurrent medications include Codeine, Ibuprofen, Tramadol, Flexeril, and Norco. Patient is to return to modified duty. MTUS pages 98, 99 have the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks are recommended." Treater is requesting 12 additional sessions of physical therapy for strengthening. Treatment history included at least 4 physical therapy sessions, per progress report dated 11/25/14. Additional information regarding further PT sessions was not provided. Furthermore, the reports do not show documentation regarding how the previous PT sessions have been beneficial in terms of reducing pain and improving functionality. Treater does not explain why on-going therapy is needed and why the patient is unable to transition into a home exercise program. The requested 12 additional sessions exceed what is allowed per MTUS for this kind of condition as well. Therefore, the request IS NOT medically necessary.