

Case Number:	CM15-0006904		
Date Assigned:	01/26/2015	Date of Injury:	10/06/2010
Decision Date:	11/20/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/13/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 43 year old female, who sustained an industrial injury on October 6, 2010. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having protrusion L4-L5 and L5-S1 with radiculopathy and thoracic pain. Treatment to date has included brace, Transcutaneous Electrical Nerve Stimulation (TENS) unit, physical therapy, home exercise and medication. On December 12, 2014, the injured worker complained of low back pain with left greater than right lower extremity symptoms. The pain was rated as a 6 on a 1-10 pain scale. Activities of daily living were noted to be maintained with medication at current dosing. Tramadol ER 300mg-day was noted to result in an average 4-5 point decrease in pain on a scale of 10. With Tramadol ER, significant objective improvement was noted including improved range of motion and better tolerance to activity-exercise. Physical examination revealed tenderness to the lumbar spine with limited, painful range of motion. The treatment plan included continuation of brace, continuation of TENS unit, medications, additional physical therapy for lumbar spine and a follow-up visit. On December 31, 2014, utilization review denied a request for six additional physical therapy visits at two times a week for three weeks for the lumbar region as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Additional Physical Therapy 2x/week for 3 weeks for the Lumbar Region as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: 6 Additional Physical Therapy 2x/week for 3 weeks for the lumbar region as an outpatient is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this condition and a transition to an independent home exercise program. The documentation is not clear on how many prior low back PT sessions the patient has had; why she is unable to perform an independent home exercise program; and the outcome of her prior lumbar PT. Without clarification of this information the request for outpatient physical therapy for the lumbar region is not medically necessary.