

Case Number:	CM15-0107489		
Date Assigned:	06/11/2015	Date of Injury:	08/30/2014
Decision Date:	07/15/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	06/04/2015

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 50-year-old male, who sustained an industrial injury on 8/30/14. He reported back pain and buttocks pain. The injured worker was diagnosed as having lumbar degenerative disc disease with spinal stenosis. Treatment to date has included physical therapy, a Toradol injection, and medication including Ketoprofen/Lidocaine cream, Baclofen, Diclofenac ER, and Norco. Currently, the injured worker complains of low back and buttocks pain. The treating physician requested authorization for physical therapy 2x4 for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, twice weekly for 4 weeks, lumbar spine qty: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

Decision rationale: Based on the 04/28/15 progress report provided by treating physician, the patient presents with pain to low back and buttock pain that radiates to lower left leg and knee, rated 7-8/10. The request is for PHYSICAL THERAPY, TWICE WEEKLY FOR 4 WEEKS, LUMBAR SPINE QTY: 8. Patient's diagnosis per Request for Authorization form dated 03/21/15 includes lumbar degenerative disc disease/ stenosis. Physical examination to the lumbar spine on 04/28/15 revealed tenderness to palpation over the paraspinal muscles and over the SI joints. Trigger point spasms and left sided sciatica at L5-S1 noted. Range of motion within normal limits. Positive straight leg raise test on the left. Treatment to date has included physical therapy, a Toradol injection, and medication including Ketoprofen/Lidocaine cream, Baclofen, Diclofenac ER, and Norco. The patient is temporarily totally disabled, per 04/28/15 report. 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 are recommended. " Per 04/28/15 report, treater states "continue physical therapy at a rate of 2x4 for core strengthening. " Given patient's diagnosis and continued symptoms, a short course of physical therapy would be indicated by guidelines. However, UR letter dated 05/01/15 states "The patient was certified with 8 sessions of PT for the lumbar spine on 03/27/15. " In this case, treater has not provided a precise treatment history, nor documented efficacy of prior therapy. The patient has already been authorized 8 session of physical therapy, and there is no explanation of why on-going or additional therapy is needed. There is no discussion of flare-up's, new injury, or why the patient cannot transition into a home exercise program. Furthermore, the request for additional 8 sessions would exceed what is allowed by MTUS. Therefore, the request IS NOT medically necessary.