

Case Number:	CM15-0132092		
Date Assigned:	07/20/2015	Date of Injury:	03/27/2008
Decision Date:	08/14/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/08/2015

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: Family Practice

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 43-year-old woman sustained an industrial injury on 3/27/2008. The mechanism of injury is not detailed. Diagnoses include lumbar spine dis protrusion with radiculopathy and rule out cervical disc injury. Treatment has included oral medications. Physician notes from the orthopedist dated 6/10/2015 show complaints of low back pain rated 6/10 with right lower extremity symptoms, cervical spine pain rated 6/10 with left upper extremity symptoms, and headaches with dizziness. Recommendations include additional physical therapy, internal medicine consultation, lumbosacral orthotic, topical NSAID, Duloxetine, hydrocodone/Acetaminophen, Naproxen, Pantoprazole, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 4, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of physical therapy as a treatment modality. In general, physical therapy is recommended; however, the guidelines provide limits on the number of sessions and the expectation that these sessions lead towards an active, self-directed home exercise program. The specific physical therapy guidelines are as follows: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercise program. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks. In this case, the records indicate that the patient has already undergone a course of physical therapy to the lumbar spine. The records indicate that the patient has had at least 8 prior sessions. It would be expected at this point that the patient has received sufficient therapy to be directed towards a home exercise program. There is no evidence in the medical records that the patient is not capable of engaging in a self-directed home exercise program. Further, in the Utilization Review process, the request was modified to allow for 2 additional sessions for re-education towards a home exercise program. This action is consistent with the above cited guidelines. In summary, there is insufficient evidence in support of physical therapy 2 X 4 for the lumbar spine. Therefore, the request is not medically necessary.