

Case Number:	CM15-0132430		
Date Assigned:	07/20/2015	Date of Injury:	01/10/2014
Decision Date:	08/19/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/09/2015

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 was a 59 year old male, who sustained an industrial injury, January 10, 2014. The injured worker previously received the following treatments lumbar epidural injection to L4-L5 and L5-S1, lumbar spine MRI which showed multi-level disc bulge and disc herniations, 15 sessions of physical therapy, Ibuprofen, Neurontin, home exercise program, transforaminal lumbar epidural injection at the right L4-L5 and L5-S1, acupuncture, lumbar spine x-rays and neuropathic topical cream (Kokua). The injured worker was diagnosed with low back pain, sciatic, disc bulge, spinal stenosis, lumbago, sciatica and degenerative disc disease. According to progress note of June 10, 2015, the injured worker's chief complaint was low back pain. The injured worker rated the pain 5-6 out of 10. The pain was described as intermittent pain in the lower aspects of the lower lumbar spine. The injured worker reported the pain changes sides. The pain was mostly in the axial and non-radiating. The injured worker also reported intermittent buttocks pain. The physical exam noted tenderness over the paraspinal muscles from the L4-L5 to L5-S1 bilaterally. There was limited range of motion of the lumbar spine. The pain shifted to the right. The muscle strength in all major muscle groups was 5 out of 5. The injure worker walked with an antalgic gait. The straight leg raises were positive bilaterally. The treatment plan included 6 sessions of physical therapy 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 x 6 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Medicine Guidelines.

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

Decision rationale: The patient presents with intermittent pain in the bilateral aspects of the lower lumbar spine, rated at 5-6/10, as per progress report dated 06/10/15. The request is for PHYSICAL THERAPY X 6. The RFA for this case is dated 06/10/15, and the patient's date of injury is 01/10/14. Diagnoses, as per progress report dated 06/10/15, included low back pain, sciatica, disc bulge, degenerative disc disease, and spinal stenosis. The patient is status post left knee surgery and status post stent placement. Medications included Neurontin and Ibuprofen. The patient continues to work with restrictions, as per progress report dated 06/10/15. MTUS Chronic Pain Management Guidelines, pages 98, 99 has 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. In this case, the patient has had physical therapy in the past. In progress report dated 09/03/14, the treater asks the patient to "initiate authorized physical therapy x 8 sessions." As per progress report dated 11/12/15, "Patient reports of 60% pain relief, functional gains and ADLs improvement from completing 8/8 sessions of physical therapy." In subsequent progress reports from 12/03/14 to 03/25/15, the treater recommends continuation of "authorized physical therapy x 8 sessions." It is, however, not clear if the patient was approved for 8 additional sessions of PT or not. In progress report dated 06/10/15, the treater states that the patient "underwent an approved 2 sessions of physical therapy which provided 50-60% pain relief, functional gain and ADL improvement." The treater is, therefore, requesting for 6 sessions. Physical therapy report dated 11/04/14, indicates that the patient has already completed 15 sessions PT. Another PT report dated 01/08/15 indicates the patient has had 2 sessions of PT. As per UR denial letter, dated 06/16/15, the patient has completed 15 sessions of PT. A review of the reports clearly indicates that the patient has had extensive physical therapy in the past. Although the reports document efficacy, the treater does not indicate why the patient could not transition into a home exercise program. MTUS recommends allows only 8-10 sessions of PT in non-operative cases. Hence, the request IS NOT medically necessary.