

Case Number:	CM15-0133036		
Date Assigned:	07/21/2015	Date of Injury:	09/13/2009
Decision Date:	08/24/2015	UR Denial Date:	06/18/2015
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: Texas, 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 48-year-old female sustained an industrial injury to the neck and low back on 9/13/09. Documentation did not disclose recent magnetic resonance imaging. Previous treatment included back surgery, injections and medications. In an initial comprehensive orthopedic evaluation dated 1/22/15, the injured worker complained of ongoing neck pain with radiation to the right arm and low back pain with radiation to bilateral legs. The injured worker rated her pain 9/10 on the visual analog scale. Physical exam was remarkable for increased pain with flexion and extension, bilateral lower extremities with 5/5 motor strength and intact sensation and positive bilateral straight raise. The injured worker could toe walk, heel walk and squat. Current diagnoses included lumbago and sciatica. On 6/12/15, a request for authorization was submitted for physical therapy twice a week for six weeks for the lumbar spine. The patient had received an unspecified number of PT visits for this injury. Per the note dated 5/28/15 the patient had complaints of pain in neck and back with radiation. Physical examination of the low back revealed antalgic gait, limited range of motion, positive SLR, limited range of motion and decreased sensation in lower extremity. The patient has had MRI of the lumbar spine that revealed disc protrusions and EMG of lower extremity that revealed radiculopathy. The patient's surgical history includes lumbar laminectomy in 2/26/2010. The medication list includes Ranitidine, Omeprazole, Paroxetine and Amox TR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy, page 98.

Decision rationale: Request Physical therapy 2 times a week for 6 weeks for the lumbar spine. The guidelines cited below state, "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine". Patient has received an unspecified number of PT visits for this injury. Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. There was no objective documented evidence of any significant functional deficits that could be benefitted with additional PT. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for Physical therapy 2 times a week for 6 weeks for the lumbar spine is not fully established for this patient.