

Case Number:	CM15-0136101		
Date Assigned:	07/24/2015	Date of Injury:	10/08/2010
Decision Date:	08/24/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/15/2015

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, Pain Management

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 48-year-old female, who sustained an industrial injury on 10/08/2010. She has reported injury to the bilateral hips and low back. The diagnoses have included lumbar sprain/strain; bilateral hip sprain/strain versus lumbar radiculitis; history of lumbosacral spine disc protrusions, per patient; status post lumbar spine fusion, per patient's history, with residuals; and depression, situational. Treatment to date has included medications, diagnostics, physical therapy, and home exercise program. Medications have included Tramadol, Norflex, and topical compounded creams. A progress note from the treating physician, dated 05/05/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain in the lower back and bilateral hips; her pain in the lower back is rated as 5-6/10 per the visual analog scale, which has decreased from 6-7/10 on the last visit; right hip pain is rated as 7/10, which has increased from 6-7/10 on the last visit; left hip pain is rated as 7-8/10, which has increased from 7/10 on the last visit; she states that treatment helps; physical therapy helps to decrease her pain and tenderness; her function and activities of daily living have improved with physical therapy; she complains of continuous radicular pain in the left leg and into the foot; and she was advised to start aquatic therapy when exercising due to lumbar spine pain. Objective findings included grade 4 tenderness to palpation over the lumbar paraspinal muscles, which has remained the same since her last visit, and 3 to 4 palpable spasm, which has remained the same since her last visit; there is restricted range of motion; straight leg raise test is positive bilaterally; trigger points are present; and there was grade 2 tenderness to palpation of the bilateral hips on her last

visit. The treatment plan has included the request for physical therapy 2 x 6 (12) for the lumbar spine and hips.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 6 (12) for the lumbar spine and hips: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Physical TherapyHip & Pelvis Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, a progress note in 6/2015 indicated that the patient recently completed 13 PT sessions, with documented objective functional improvement and relief of pain. However, it is unclear what remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.