

Case Number:	CM15-0143633		
Date Assigned:	08/04/2015	Date of Injury:	08/24/2000
Decision Date:	09/08/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/24/2015

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 is a 55-year-old female patient, who sustained an industrial injury on 08-24-2000. She sustained the injury due to falling out of a broken chair at work. The diagnoses have included cervical disc syndrome; cervical spine disc protrusion with bilateral upper extremity radiculitis; status post right carpal tunnel release surgery; bilateral wrist sprain-strain; lumbago; lumbar spine disc protrusion with bilateral upper extremity radiculitis; low back syndrome; and sciatica. Per the progress note from the treating physician, dated 06-19-2015, she had complaints of lower back pain at 6 out of 10 on the pain scale; trouble walking. The ongoing lower back pain has previously responded to physical therapy; and heat, acupuncture, and medication lessens the pain. It is noted that she has engaged in prior physical therapy and notes improvement. The physical examination revealed an antalgic gait due to a meniscus issue, but able to stand on her toes and heels; intact sensation and motor examination; and a negative straight leg raise. The medications list includes Ibuprofen and Lidoderm Patch. Her surgical history includes C-section and carpal tunnel release in 2005. She has had lumbar spine MRI on 9/6/2006 and 6/20/2001. She has had heat, acupuncture, physical therapy visits (at least 52 visits between 2012 to 2014), and home exercise program. The treatment plan has included the request for 16 sessions of physical therapy to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

16 sessions of physical therapy to 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: 16 sessions of physical therapy to the lumbar spine. The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. Per the records provided, patient has had at least 52 physical therapy visits between 2012 to 2014 for this injury. Therefore, the requested additional visits in addition to the previously rendered occupational sessions are more than recommended by the cited criteria. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Per the cited guidelines, "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 16 sessions of physical therapy to the lumbar spine is not established for this patient at this time.