

Case Number:	CM15-0144162		
Date Assigned:	08/05/2015	Date of Injury:	03/18/2012
Decision Date:	09/02/2015	UR Denial Date:	07/20/2015
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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports Medicine

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 44 year old female, who sustained an industrial injury on 03-18-2012. She has reported injury to the low back. The diagnoses have included chronic low back pain; sprain-strain lumbar region; sciatica; lumbar disc displacement without myelopathy; and unspecified major depression. Treatment to date has included medications, diagnostics, physical therapy, cognitive behavioral therapy, and functional restoration program. Medications have included Tylenol Extra Strength, Gabapentin, Venlafaxine, Sennosides, and Colace. A progress note from the treating physician, dated 06-26-2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of chronic low back pain with radiation into her bilateral lower extremities; she continues with a home exercise program and has lost approximately 30 pounds; she would be interested in talking with a physician again regarding the possibility of a spinal fusion; she continues to utilize Venlafaxine for depression as well as Gabapentin for neuropathic pain. It is noted in the submitted documentation that the injured worker is a graduate of a functional restoration program. Objective findings included alert and oriented; she does not exhibit acute distress; she has an antalgic gait; and there is no edema or tenderness palpated in any extremity. The treatment plan has included the request for 6 physical therapy of lumbar spine, 6 sessions (frequency and duration unspecified), as outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical therapy of lumbar spine, 6 sessions (frequency and duration unspecified), as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Pages 98-99.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for physical therapy sessions. Physical Medicine Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. 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. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The patient has completed an undocumented amount of physical therapy already, and there is lack of documentation of functional improvement. According to the clinical documentation provided and current MTUS guidelines; additional Physical therapy, as written above, is not indicated as a medical necessity to the patient at this time. Therefore, the request is not medically necessary.