

Case Number:	CM15-0160861		
Date Assigned:	08/27/2015	Date of Injury:	10/20/2000
Decision Date:	09/30/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/17/2015

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 is a 53 year old male, who sustained an industrial injury on October 20, 2000, incurring low back injuries after heavy lifting. He was diagnosed with lumbar radiculopathy, sciatica, lumbago and muscle spasms. Treatment included physical therapy and home exercise program, anti-inflammatory drugs, steroids, muscle relaxants, work modifications and activity restrictions. Currently, the injured worker complained of sharp lumbar pain radiating down into the thigh and into his calf after strenuous physical activity. He denied numbness and tingling. He noted limited range of motion with activities and decreased flexibility of the lower back and hips. The treatment plan that was requested for authorization included twelve physical therapy visits for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Visits 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 Medicine Page(s): 98-99.

Decision rationale: The patient presents with pain in the lumbar spine. The request is for 12 physical therapy visits for the lumbar spine. Physical examination to the lumbar spine on 08/07/15 revealed tenderness to palpation to the paraspinal muscles and over the pisiform. Range of motion was limited with pain. Per 07/10/15 progress report, patient's diagnosis include muscle spasm, sciatica, and backache. Patient's medications, per 08/07/15 progress report include Aleve, Medrol Pak, Flexeril, Diclofenac, and Naprosyn. Patient's work status is modified duties. The MTUS Chronic Pain Management Guidelines, pages 98 and 99, Physical Medicine section, has the following: "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." The treater has not discussed this request. Review of the medical records provided did not indicate prior physical therapy. The patient continues with chronic low back pain and a short course of physical therapy would be appropriate for the patient's condition. However, MTUS allows up to 10 session of physical therapy and the requested 12 sessions exceeds MTUS recommendation. Therefore, the request is not medically necessary.