

Case Number:	CM15-0161500		
Date Assigned:	08/27/2015	Date of Injury:	08/24/2010
Decision Date:	09/30/2015	UR Denial Date:	07/31/2015
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 (IW) is a 44 year old female who sustained an industrial injury on 08-24-2010. The mechanism of the injury is not found in the records reviewed. The worker is being treated for chronic low back pain. Her current diagnosis is disc protrusion with radiculopathy of the lumbar spine. Treatment to date has included diagnostic radiology (MRI 03/16/2015), epidural injection, nerve conduction velocity-electromyogram (06/06/2014) and oral pain medications. In the exam on 07-20-2015, the worker complains of constant achy pain level at 10 on a scale of 10. Pain frequently awakens her and she has more numbness and tingling in all toes of the feet. Her second epidural injection on 05-20-2015 gave only one month of relief. On exam, she has loss of lordosis along with pain at L3-S-1. The plan is for physical therapy and to continue with a daily home exercise program. There are no work modifications. A request for authorization was submitted for 12 physical therapy sessions 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 sessions for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, and Preface.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The patient presents on 07/20/15 with lumbar spine pain rated 10/10 with associated numbness and tingling in the lower extremities. The patient's date of injury is 08/24/10. Patient has no documented surgical history directed at this complaint. The request is for 12 physical therapy sessions for the lumbar spine. The RFA is dated 07/20/15. Physical examination dated 07/20/15 reveals tenderness to palpation of the bilateral lumbar paraspinal muscles from L3-S1. The patient is currently prescribed Norco. Patient is currently advised to return to full duty ASAP. MTUS Guidelines, Physical Medicine Section, pages 98, 99 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." In regard to the 12 physical therapy sessions for the lumbar spine, the provider has exceeded guideline recommendations. The documentation provided does not clearly define how many physical therapy sessions this patient has undergone for her lumbar spine complaint, though there is evidence of PT for an ankle complaint in 2012. For chronic pain complaints, MTUS guidelines support 8-10 physical therapy treatments. Were the request for 10 treatments, the recommendation would be for approval. However, the request for 12 treatments exceeds guideline recommendations and cannot be substantiated. Therefore, the request is not medically necessary.