

Case Number:	CM15-0162164		
Date Assigned:	08/28/2015	Date of Injury:	09/20/2013
Decision Date:	09/30/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/18/2015

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: Arizona, 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:

The injured worker is a 60 year old female, who sustained an industrial injury on 9-20-2013. Diagnoses include lumbar strain and lumbar spine radiculopathy bilaterally. Treatment to date has included diagnostics, injections, physical therapy, medications, ice and bracing. Per the Primary Treating Physician's Progress Report dated 7-15-2015, the injured worker reported moderate lumbosacral back pain. She is attending therapy and is improving but pain returns when driving. X-rays showed minimal scoliosis with mild disk space narrowing at L2-L3 and L5-S1. Physical examination of the lumbar spine revealed tenderness to palpation at L3, L4, L5 and the sacroiliac joints. There was paraspinal spasm and trigger points at L3, L4 and L5. The plan of care included therapy with anti-inflammatory modalities. Authorization was requested for additional physical therapy (electrical stimulation, therapeutic exercises and massage), 3 times weekly for 4 weeks, for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy, 3 times weekly for 4 weeks, for the lumbar spine per 7/15/2015 order QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. In this case, the claimant has completed an unknown amount of therapy for the past year. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. Consequently, additional therapy sessions are not medically necessary.