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| Case Number: | CM15-0163271 | | |
| Date Assigned: | 08/31/2015 | Date of Injury: | 02/20/2015 |
| Decision Date: | 10/05/2015 | UR Denial Date: | 08/10/2015 |
| Priority: | Standard | Application Received: | 08/19/2015 |

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, Hawaii

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 47 year old female, who sustained an industrial injury on 2-20-2015. Diagnoses include right lumbar facet arthralgia, lumbar disc injury, right sciatica and right sacroiliac arthralgia. Treatment to date has included application of ice, physical therapy and medications. Current medications include ibuprofen and Flexeril. Lumbar spine magnetic resonance imaging (MRI) dated 4-06-2015 showed mild to moderate right foraminal narrowing at L5-S1, and moderate L4-5 facet hypertrophy. Per the Initial Physiatry Evaluation Report dated 6-30-2015, the injured worker reported back pain referring into the right buttock, hamstring and heel. Physical examination of the lumbar spine revealed moderate tenderness over L5-S1 and pain with range of motion. The plan of care included continuation of physical therapy, medications and possible injections. Authorization was requested for 12 additional physical therapy sessions for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the low back 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

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

Decision rationale: The patient presents with low back pain radiating to the right buttock, hamstring and heel. The current request is for Physical therapy for the low back 2 times a week for 6 weeks. The treating physician's report dated 07/30/2015 (18B) states, "She notes that she received 12 sessions of physical therapy previously states that she was so flared up at the time she was unable to perform many of the exercises and therefore has forgotten them". Physical therapy reports were not made available. The patient is not post-surgical. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. In this case, while the IW may need additional PT, the requested 12 sessions exceeds the number required by the MTUS guidelines. The current request is not medically necessary.