

Case Number:	CM15-0163680		
Date Assigned:	08/31/2015	Date of Injury:	12/16/2014
Decision Date:	10/06/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/20/2015

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 62 year old worker who sustained an industrial injury on December 16, 2014. The accident was described as while working she was lifting a heavy object squatting position when she felt the immediate onset of acute low back pain. A follow up dated April 02, 2015 reported the worker being followed by cardiology due to cardiac arterial tear. She is with subjective complaint of low back pain referring to the left groin. There is note of acupuncture requests without authorization. Current medication regimen consisted of: use of a transcutaneous nerve stimulator (TENS) unit, changing position, ice application, and Tylenol and Lidoderm patches. The assessment found the worker with lumbar disc injury; right L4-5 and L5-S1 facet arthralgia; left sciatica, and left more than right sacroiliac arthralgia. The plan of care noted continuing with Lidoderm patches, prescribed Butrans 5mcg patches, continue with TENS unit; acupuncture session with cardiology approval and remain on a modified work duty. There is noted discussion at follow up dated March 12, 2015 reporting she is having difficulty with acupuncture and it will be considered as the worker having limitations on medications that she is allowed to use; pending cardiology discussion and approval. Plan of care at follow up dated February 19, 2015 reported physical therapy session to be put on hold and she is to attempt a trial of acupuncture therapy and continue with Lidoderm patches and use of TENS unit. The initial report of illness dated December 16, 2014 reported subjective complaint of acute onset of low back pain while working. She was diagnosed with lumbar strain. Objective assessment found left paraspinal tenderness to palpation. The plan of care noted a course of physical therapy prescribed, modified work duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 1-2 x weeks x 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

Decision rationale: The patient presents with intermittent low back pain that is burning and aching. The current request is for Physical Therapy 1-2 x per week x 6 weeks. The treating physician's report dated 07/09/2015 (8B) states, "Physical therapy was authorized, she attend 4/6 sessions and will be attending 2 more". The patient notes improved posture. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. Physical therapy reports from 06/29/2015 to 07/13/2015 (6B) show 6 sessions. In this case, the requested 6-12 sessions of physical therapy when combined with the previous 6 sessions that the patient received would exceed MTUS Guidelines. The patient should now be able to start a home-exercise program to improve strength, posture and flexibility. The current request is not medically necessary.