

Case Number:	CM15-0169402		
Date Assigned:	09/10/2015	Date of Injury:	02/04/2015
Decision Date:	10/13/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/27/2015

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: Emergency Medicine

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 43-year-old female who sustained an industrial injury on February 4, 2015 resulting in lower left back pain. Diagnoses have included acute lumbar strain, left lumbar radiculopathy, lumbar broad base disc bulge; and, neural foraminal extension at L4-5 and L5-S1. Documented treatment includes heat, at least 7 documented physical therapy sessions which the physician stated in the July 20, 2015 report resulted in no improvement, an unspecified number of epidural steroid injections with benefit noted, home exercise including walking, and Ibuprofen with temporary relief. The injured worker continues to present with intermittent sharp pain and numbness in the left side of her lower back radiating into the lower left extremity. She is on modified duty only, and has not recently been accommodated so she is not working. The treating physician's plan of care includes a transforaminal epidural steroid injection under fluoroscopic guidance, followed by resumption of physical therapy sessions. This was denied on July 29, 2015 with rationale that there were no signs of improvement in previous physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions of Physical Therapy for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Patient has documented prior at least 7 PT sessions with no improvement. The provider has failed to document any objective improvement from prior sessions. It is unclear why provider requested additional PT sessions when prior sessions failed to provide any benefit. Maximum number of sessions recommended as per guidelines are 10 sessions and with prior PT and addition of requested PT would exceed guideline recommendations. Additional PT is not medically necessary.