

Case Number:	CM15-0180446		
Date Assigned:	09/22/2015	Date of Injury:	04/03/2013
Decision Date:	10/30/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/14/2015

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:

This is a 45 year old female with a date of injury on 4-3-2013. A review of the medical records indicates that the injured worker is undergoing treatment for depressive disorder, degenerated lumbar disc and back pain with radiation. According to the progress report dated 6-8-2015, the injured worker complained of low back pain. She reported that her back pain was a little better and wanted to try to decrease narcotic use. Per the treating physician (6-8-2015), the injured worker was unable to work. The physical exam (6-8-2015) revealed paralumbar tenderness to palpation with negative straight leg raise bilaterally. It was noted that magnetic resonance imaging (MRI) of the lumbar spine done in February 2015 showed minimal posterior annular bulging at L4-S1 and mild to moderate degenerative arthritis of the lumbar spine. Treatment has included medications. Current medications (6-8-2015) included Neurontin, Flexeril, Ibuprofen, Cymbalta and Norco. The original Utilization Review (UR) (9-8-2015) denied a request for physical therapy twice a week for three 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:

Physical therapy 2 times a week for 3 weeks to the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back & Lumbar & Thoracic (Acute & Chronic).

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

Decision rationale: The patient presents with pain affecting the low back. The current request is for Physical therapy 2 times a week for 3 weeks to the lumbar spine. The requesting treating physician report was not found in the documents provided for review. The progress report provided for review was dated 6/8/15 and did not address the current request. MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided do not show the patient has received prior physical therapy for the low back. The patient's status is not post-surgical. In this case, the current request of 6 visits is within the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, since there was no documentation of prior physical therapy visits, the current request for 6 visits is reasonable and supported by the MTUS guidelines. The current request is medically necessary.