

Case Number:	CM15-0182135		
Date Assigned:	09/23/2015	Date of Injury:	09/20/2014
Decision Date:	10/27/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/16/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 45 year old male who sustained an industrial injury on 09-20-2014. The injured worker was diagnosed with displacement of left intervertebral disc without myelopathy. According to the treating physician's progress report on July 23, 2015, the injured worker continues to experience lower back and left leg pain and was recently involved in a motor vehicle accident and hit from behind. Examination demonstrated sensation to light touch intact bilaterally, plantar flexors and dorsiflexors were 5 out of 5 bilaterally and bilateral patellar and Achilles reflexes were physiologic and symmetrical. According to the progress report on Aug 13, 2015, the injured worker was off Norco for 3 weeks and complained of low back pain with intermittent radiation to both legs and also mentioned that he was seeing 2 other providers for this problem. The injured worker was not examined on August 13, 2015 since he had another appointment. Prior treatments included diagnostic testing with lumbar spine magnetic resonance imaging (MRI) on May 26, 2015 and June 22, 2015 and a cervical spine magnetic resonance imaging (MRI) on August 12, 2015. As of 6-10-2015 the injured worker had 18 physical therapy sessions, left L3, L4 and L5 medial branch diagnostic block on March 5, 2015. Current medications were listed as Ultram ER 150mg, Anaprox, Fexmid, Ibuprofen and Methoderm gel. Treatment plan consists of transcutaneous electrical nerve stimulation (TEN's) unit, signed prescription agreement, continuing with medications and the current request for additional physical therapy. On 08-28-2015 the Utilization Review determined the request for physical therapy for the lumbar spine 3 times a week for 4 weeks (12 sessions) was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar, 3 times a week for 4 weeks, quantity: 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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

Decision rationale: Physical therapy for the lumbar, 3 times a week for 4 weeks, quantity: 12 sessions is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition. The documentation indicates that the patient has had extensive prior PT. The patient should be well versed in a home exercise program. There are no extenuating factors which would necessitate 12 more supervised therapy visits which would exceed the recommended number of visits for this condition. For these reasons this request is not medically necessary.