

Case Number:	CM15-0182608		
Date Assigned:	09/23/2015	Date of Injury:	11/27/2013
Decision Date:	11/06/2015	UR Denial Date:	09/08/2015
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: Texas, California

Certification(s)/Specialty: Family Practice

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 63 year old male who sustained an industrial injury on 11-27-2013. Current diagnoses include lumbosacral sprain-strain, myalgia-myositis, L5-S1 disc protrusion, sciatica, lumbar subluxation, and subluxation of the sacrum. Report dated 08-31-2015 noted that the injured worker presented with complaints that included lumbosacral pain with radiation to the lower extremities. Pain level was 4-5 (without medications) out of 10 on a visual analog scale (VAS). Physical examination performed on 08-31-2015 revealed painful and restricted lumbar range of motion, positive orthopedic findings, hypertonicity, sensory deficit, and lumbar range of motion improvement. Previous diagnostic studies included a cervical spine, lumbar spine, and right shoulder MRI, x-rays, and electrodiagnostic study. Previous treatments included medications, acupuncture, chiropractic treatment, physical therapy, TENS unit, and home exercise program. The treatment plan included request for additional chiropractic sessions and physical therapy. Of note there were no previous physical therapy records included, nor was the number of completed sessions. Request for authorization dated 08-31-2015, included requests for chiropractic and physical therapy. The utilization review dated 09-08-2015, non-certified the request for physical therapy 2 times per week for 4 weeks for the lumbar spine. The medication list include Gabapentin, Naproxen and Cyclobenzaprine.

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 4 weeks, 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: Request: Physical therapy, 2 times a week for 4 weeks, lumbar spine. The guidelines cited below state, "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." Patient has received an unspecified number of PT visits for this injury. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for Physical therapy, 2 times a week for 4 weeks, lumbar spine is not fully established for this patient.