

Case Number:	CM15-0182929		
Date Assigned:	09/23/2015	Date of Injury:	10/13/2014
Decision Date:	11/06/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/17/2015

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: 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 25-year-old female who sustained an industrial injury on 10-13-14 in the form of cumulative trauma. She is currently working with restrictions. Diagnoses include low back pain; muscle spasms. She currently (7-20-15) complains of radiating pain from the back to the buttocks area. On physical exam, there was decreased range of motion of the back with muscle spasms. In the 6-8-15 progress note, her pain level was 3-4 out of 10 in the low back. She was experiencing (6-8-15) difficulty with getting out of bed, sleeping, driving, housework, dressing, rising from a chair, basic hygiene. Diagnostics include x-ray of the lumbar spine were normal; MRI of the lumbar spine revealed desiccation at L5-S1 with small annular tear, degenerative retrolisthesis, right sided disc herniation; electrodiagnostic study of bilateral lower extremities (7-21-15) unremarkable. Treatments to date include medications: Flexeril, tramadol, topical cream; per the 4-8-15 note physical therapy, acupuncture and chiropractic treatments have failed; steroid injection; transcutaneous electrical nerve stimulator unit. In the progress note, dated 7-30-15 the treating provider's plan of care included a request for 12 sessions of physical therapy to the lumbar spine. The request for authorization of physical therapy for the lumbar spine 12 sessions was not present. On 8-18-15 Utilization Review evaluated and non-certified the request for physical therapy 12 sessions for the lumbar spine based on no indication that ongoing therapy would be beneficial since prior therapy has failed to benefit her condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 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: The current request is for 12 SESSIONS OF PHYSICAL THERAPY FOR LUMBAR SPINE. Treatments to date include medications: Flexeril, tramadol, topical cream, physical therapy, acupuncture, chiropractic treatments, steroid injection, and transcutaneous electrical nerve stimulator unit. The patient may return to modified duty. MTUS, Chronic Pain Medical Treatment Guidelines 2009, under PHYSICAL MEDICINE, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per report 07/10/15, the patient complains of radiating pain from the back to the buttocks area. Physical examination revealed decreased range of motion of the back with muscle spasms and tenderness. The patient has completed 10 physical therapy sessions with no documentation of improvement with previous treatment. In fact, per report 06/04/15, "PT and acupuncture and chiropractic tx has failed." It is unclear why additional PT is being requested. Furthermore, the request for additional 12 sessions exceeds what is recommended by MTUS. Therefore, the request IS NOT medically necessary.