

Case Number:	CM15-0184289		
Date Assigned:	09/24/2015	Date of Injury:	11/08/2014
Decision Date:	11/09/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/18/2015

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 21 year old female, who sustained an industrial injury on 11-8-2014. Medical records indicate the worker is undergoing treatment for chronic low back pain with lumbar disc bulging. A recent progress report dated 8-13-2015, reported the injured worker complained of sharp, burning low back pain that was moderated in severity and had improved. Physical examination revealed lumbar paraspinal tenderness, palpable spasm and painless full forward flexion. A lumbar magnetic resonance imaging showed a lumbar 3-4, 4-5 and lumbar 5-sacral 1 disc protrusion. Treatment to date has included an unknown amount of physical therapy, modified duty, TENS (transcutaneous electrical nerve stimulation), chiropractic care, aqua therapy, traction, pain management, Acetaminophen with codeine, Ibuprofen and Cyclobenzaprine. On 8-14-2015, the Request for Authorization requested Physical therapy 2 x week x 8 weeks for the lumbar spine. On 8-18-2015, the Utilization Review noncertified the request for Physical therapy 2 x week x 8 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 x week x 8 weeks for the 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 patient was injured on 11/08/14 and presents with low back pain. The request is for physical therapy 2 x week x 8 weeks for the lumbar spine. The RFA is dated 08/14/15 and the patient is on modified work duty beginning 08/13/15. Review of the reports provided indicates that the patient has had prior physical therapy sessions. MTUS Guidelines, Physical Medicine Section, pages 98 and 99 have the following: "Physical medicine: Recommended as an indicated below. Allow for fading of treatments frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS Guidelines pages 98 and 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended." The patient has lumbar paraspinal tenderness and palpable spasm. The 08/06/15 treatment report states that "she tried a short course of physical therapy, TENS, and 1 day of pool therapy without relief." It appears that the patient has had prior physical therapy sessions; however, there is no indication of how these sessions impacted the patient's pain and function, when these sessions occurred, or how many sessions the patient had in total. Given the absence of documentation of functional improvement as defined and required by MTUS Guidelines, additional sessions of physical therapy cannot be reasonably warranted as the medical necessity. Furthermore, the requested 16 sessions of physical therapy exceeds what is recommended by MTUS guidelines. The request IS NOT medically necessary.