

Case Number:	CM15-0186592		
Date Assigned:	09/28/2015	Date of Injury:	12/21/2011
Decision Date:	11/10/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/22/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 49 year old female, who sustained an industrial-work injury on 12-21-11. She reported initial complaints of lumbar spine pain. The injured worker was diagnosed as having DDD (degenerative disc disease) of the lumbar spine, lumbar radiculopathy, annular fissures at L4-5 and L5-S1, facet arthropathy at L4-5 and L5-S1, and major depressive disorder, single episode, moderate. Treatment to date has included medication, diagnostics, chiropractic (24) sessions, acupuncture (8 sessions), physical therapy (6 sessions). MRI results were reported on 6-2-15 that reported levoscoliosis with degenerative disc disease at L5-S1 and L4-5 with annular fissures, facet arthropathy. EMG-NCV (electromyography and nerve conduction velocity test) was reported to be negative. Currently, the injured worker complains of unchanged symptoms of low back pain. The pain is aching and burning and radiates into her bilateral lower extremities. Medications used include LidoPro cream, Advil, and Flexeril. Current meds are Norco 5-325, Elavil, Gabapentin, Motrin, Capsaicin cream, and depression medication. Per the primary physician's progress report (PR-2) on 8-6-15 exam noted normal gait, tenderness at the left S1 and lumbar regions with spasms, reduced range of motion, 4+ out of 5 motor strength, positive straight leg raise, positive Faber's and sacroiliac (S1) joint thrust tests, point tenderness at S1 on the left. Current plan of care includes medication and additional therapy. The Request for Authorization requested service to include Physical therapy, lumbar spine, 2 times weekly for 4 weeks, 8 sessions. The Utilization Review on 9-8-15 denied the request for Physical therapy, lumbar spine, 2 times weekly for 4 weeks, 8 sessions, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, lumbar spine, 2 times weekly for 4 weeks, 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in December 2011 and continues to be treated for low back pain with lower extremity radiating symptoms and secondary depression. Treatments have included chiropractic care, acupuncture, and recent completion of six physical therapy sessions with reported good relief with increased range of motion and strength. When seen, she had pain rated at 7-8/10. There was left sacroiliac joint and lumbar paraspinal muscle tenderness with decreased and painful range of motion. Facet loading was positive. There were left lumbar paraspinal muscle spasms. She had decreased left lower extremity strength and sensation. Left sacroiliac joint tests were positive. Lasegue testing on the left was positive. Authorization was requested for an additional eight therapy treatment sessions. The claimant is being treated for chronic pain with no new injury and has already had physical therapy. Patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program and does not reflect a fading of skilled therapy treatments. The request is not medically necessary.