

Case Number:	CM15-0187413		
Date Assigned:	09/29/2015	Date of Injury:	10/31/2013
Decision Date:	11/09/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/23/2015

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 51 year old female who sustained an industrial injury on October 31, 2013. A primary treating office visit dated October 22, 2014 reported subjective complaint of "persistent pain in the lower back." It is intermittent and she rated it "8-9" out of 10 in intensity. She states "the lower back is slightly worsening" as she is "having numbness now in the right leg as well as the left;" which was not present the month previous. The patient was "taking Tramadol" this month only as "I discontinued her Tylenol #3". She states taking "5 to 6 tablets a day" and it has only brought her pain from a 9 down to a 7 or 8 in intensity; not fully controlling her pain. The following diagnoses were applied to this visit: left thigh knee pain; rule out left lower extremity lumbar radiculopathy; worsening left lower extremity radicular pain, and lumbar spine sprain and strain, rule out herniated nucleus pulposus. The plan of care noted pending orthopedic consultation, and requesting Lidocaine cream for topical analgesia. She was deemed as permanent and stationary at follow up December 17, 2014. An initial pain management visit dated August 18, 2015 reported chief subjective complaint of "low back pain and leg pain." There is mention of the worker with a history of ulcers and does not wish to take NSAIDs. She takes tramadol with limited pain relief. Previous treatment modalities to include: physical therapy session, activity modification and medication. The plan of care noted recommending a course of physical therapy treating the hip and low back. On September 08, 2015 a request was made for physical therapy session x 12 treating lumbar spine that was noted non-certified by Utilization Review on September 14, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x12 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar & Thoracic (Acute & Chronic) Official Disability Guidelines, Physical Therapy.

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

Decision rationale: Time-limited care plan with specific defined goals, assessment of functional benefit with modification of ongoing treatment based upon the patient's progress in meeting those goals and the provider's continued monitoring of successful outcome is stressed by MTUS guidelines. Therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. Submitted reports have no acute flare-up or specific physical limitations to support for physical/ occupational therapy. The Chronic Pain Guidelines allow for 9-10 visits of therapy with fading of treatment to an independent self-directed home program. It is unclear how many PT sessions have been completed; however, the submitted reports have not identified clear specific functional improvement in ADLs, functional status, or decrease in medication and medical utilization nor have there been a change in neurological compromise or red-flag findings demonstrated from the formal physical therapy already rendered to support further treatment. Submitted reports have also not adequately demonstrated the indication to support for excessive quantity of PT sessions without extenuating circumstances established beyond the guidelines. The Physical therapy x12 for the lumbar spine is not medically necessary and appropriate.