

Case Number:	CM15-0187497		
Date Assigned:	09/29/2015	Date of Injury:	06/23/2010
Decision Date:	11/13/2015	UR Denial Date:	09/17/2015
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, Pain Management, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 46-year-old female with a date of industrial injury 6-23-2010. The medical records indicated the injured worker (IW) was treated for multiple level degenerative disc disease, lumbar spine; status post L5-S1 disc replacement (2010); multiple disc bulges, lumbar spine; and facet arthropathy. In the 8-26-15 progress notes, the IW reported pain from the center of the low back and into the left buttock with shooting, burning and tingling reaching the foot and calf. Her pain was 7 out of 10. She rated her highest pain in the last month 8 out of 10, lowest pain 2 out of 10 and average pain with medications 4 out of 10. Medications included Cyclobenzaprine, Norco, Tramadol, Gabapentin and Prednisone. Her previous visit (7-22-15) noted her pain was in the low back with intermittent radiation to both lower extremities and the pain in her buttocks was described as "significantly improved". Objective findings on 8-26-15 included 90 degrees forward flexion of the lumbar spine with dyskinetic recovery; she was intolerant to extension. No atrophy, tremor or fasciculation was noted. Treatments included TENS unit, which was helpful; medial branch nerve blocks and radiofrequency nerve ablations, which improved her pain and function by 50%; physical therapy (unknown quantity), which was stated to improve her pain and activity tolerance (only one physical therapy record was submitted); disc replacement surgery (helpful for approximately 3 years) and medications. She was temporarily totally disabled. A Request for Authorization dated 8-26-15 was received for physical therapy twice a week for six weeks. The Utilization Review on 9-17-15 non-certified the request for physical therapy twice a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x a week for 6 weeks: 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: MTUS 2009 recommends up to 10 sessions of physical therapy to treat myalgia. The patient underwent a disc replacement approximately five years ago. A prior round of six sessions of physical therapy has been approved. The patient was unable to complete the sessions of therapy. There's no measure of the outcome from the initial round of sessions. The patient has already received physical therapy exceeding evidence-based guidelines. This request for additional physical therapy is not medically necessary since there is no indication that the initial physical therapy was effective.