

Case Number:	CM15-0187956		
Date Assigned:	09/29/2015	Date of Injury:	10/02/2014
Decision Date:	11/13/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/24/2015

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, Hawaii

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 33 year old female, who sustained an industrial injury on 10-02-2014. The injured worker is being treated for lumbosacral strain and right inguinal hernia. Treatment to date has included diagnostics, work restrictions, medications and home exercise. Magnetic resonance imaging (MRI) of the lumbar spine dated 4-18-2015 showed straightening of the lumbar spine which may be positional or related to spasm. There is 2mm broad based central and left paracentral disc protrusion at L5-S1 with mild left neural foraminal narrowing. Per the Primary Treating Physician's Progress Report dated 7-28-2015, the injured worker presented for reevaluation. She reported minimal low pain and intermittent, moderate low back pain with radiation down the thighs bilaterally. Objective findings of the lumbosacral spine included increased tone and tenderness about the paralumbar musculature with tenderness at the midline thoraco-lumbar junction and over the level of L5-S1 facets and right greater sciatic notch with muscle spasms. Per the medical records dated 5-05-2015 to 7-28-2015 there is no documentation of any prior physical therapy or functional improvement with prior treatment including improvement in symptoms, increase in activities of daily living or decrease in pain level. Work status was full duty. The plan of care included physical therapy. Authorization was requested on 8-18-2015 for 8 sessions (2x4) of outpatient physical therapy for the lumbar spine. On 8-26-2015, Utilization Review non-certified the request for 8 sessions (2x4) of outpatient physical therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Outpatient physical therapy for the lumbar spine 2 sessions per week for 4 weeks:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The patient presents with diagnoses that include lumbosacral spine sprain/strain and a right inguinal hernia. MRI dated 4/18/15 (39B) showed evidence of a 2 MM disc protrusion at L5-S1. The patient currently complains of low back pain with radiation down the thighs bilaterally. The current request is for 8 Outpatient physical therapy sessions for the lumbar spine 2 sessions per week for 4 weeks. The treating physician states in the 7/28/15 (23B) treating report, "The patient presented today for a spinal follow-up evaluation. At this time, I would like to request authorization for the patient to undergo physical therapy at a rate of twice a week for four weeks." MTUS guidelines indicate that Physical Therapy is recommended: Physical Medicine guidelines state Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. For myalgia and neuritis type conditions, MTUS Guidelines recommend 8-10 sessions of physical therapy. In this case, the treating physician is treating the patient based upon a date of injury of 10/2/14 and the clinical reports provided did not specifically address whether the patient has or has not completed any physical therapy historically, therefore the number of completed PT visits is unknown. Without a clear picture of what has transpired, a determination as to whether guidelines have been met is not possible. The current request is not medically necessary.