

Case Number:	CM15-0188126		
Date Assigned:	09/30/2015	Date of Injury:	03/05/2015
Decision Date:	11/09/2015	UR Denial Date:	09/08/2015
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: 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 53 year old female, who sustained an industrial injury on 3-5-15. She is diagnosed with lumbago and chronic pain syndrome. Her work status is temporary total disability. Notes dated 5-26-15 - 8-18-15 reveals the injured worker presented with complaints of neck, low back, right hip, right knee and right upper extremity pain. She reports worsening right knee pain that radiates down the front of her right leg. She reports mild, intermittent low back pain described as dull. She reports she is unable to engage in household chores such as, cooking, cleaning and washing dishes. She reports difficulty sitting, standing and walking. Physical examinations dated 6-17-15, 8-18-15 revealed positive straight leg raise on the right and significant spasms in the right low back region. Treatment to date has included acupuncture (provided significant improvement in cervical spine pain), physical therapy (note dated 5-5-15 states the injured worker tolerated the exercises) (12 sessions, per note dated 8-18-15) and medications. An MRI dated 7-2-15 reveals broad based disc bulges at L3-L4 and L4-L5, facet arthropathy at L4-L5 and L5-S1 and right neural foraminal narrowing at L3-L4 and L4-L5, per physician note dated 8-18-15. A request for authorization dated 8-18-15 for physical therapy times 8 sessions for the low back is modified to 2 sessions, per Utilization Review letter dated 9-8-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 8 visits for the low back: 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) Low Back - Lumbar & Thoracic (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in March 2015 and continues to be treated for neck, low back, and right hip, knee and upper extremity pain after tripping and falling in a parking lot. When seen, there had been completion of 12 sessions of physical therapy. There had been improvement after one of six planned acupuncture treatments. She was having worsening right knee pain with symptoms radiating into the leg. Physical examination findings included an antalgic gait. There was pain with right knee range of motion and pain over the medial and inferior anterior knee extending into the anterior right leg. There was positive straight leg raising with decreased right lower extremity sensation. An additional 8 physical therapy treatments for low back pain were requested. In terms of physical therapy for back pain, guidelines recommend up to 9 treatment sessions over 8 weeks. The claimant has already had physical therapy for this condition. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of additional visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. The request is not medically necessary.