

Case Number:	CM15-0188150		
Date Assigned:	09/29/2015	Date of Injury:	04/24/2015
Decision Date:	11/09/2015	UR Denial Date:	08/27/2015
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

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 46-year-old female, who sustained an industrial injury on 4-24-15. She is diagnosed with lumbosacral sprain-strain with left side radiculitis. Her work status is modified duty. Notes dated 6-8-15 - 8-14-15 reveals the injured worker presented with complaints of frequent, moderate lumbar spine and mid back pain described as dull and achy. She reports the pain is reduced from 8 out of 10 to 4 out of 10 with medications. Physical examinations dated 6-8-15 - 8-14-15 (8-14-15 note is difficult to decipher) revealed tender left paraspinal muscles, difficulty with heel-toe walk and positive bilateral straight leg raise "causes low back pain that radiates to the posterior thigh upon 45 degrees." There is left paralumbar pain. She complains of midline pain with forward elevation to 12 inches from the ground, extension is limited to 10 degrees and causes pain, rotation is full. "Circumscribed trigger points with positive taut bands, twitched response, positive jump sign with pressure over bilateral paralumbar muscles are also noted." Treatment to date has included acupuncture (unknown therapeutic response), physical therapy (12 sessions did not help per note dated 7-10-15) and medications. Diagnostic studies to date has included MRI dated 7-31-15 revealed bilateral neural foraminal narrowing secondary to 2-3 mm broad based posterior disc protrusion and facet joint hypertrophy at L3-L4 and L4-L5. L5-S1 has a 2 mm broad based posterior disc protrusion. Lower extremities electrodiagnostic studies 6-26-15 revealed mild-moderate left tibial motor axonal neuropathy; normal electromyogram, and x-rays. A request for authorization dated 8-14-15 for physical therapy 18 sessions (3 times a week for 6 weeks) for the lumbar spine is modified to 10 sessions and pain management consult is denied, per Utilization Review letter dated 8-27-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 Times a Week for 6 Weeks for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Physical Therapy.

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

Decision rationale: Review indicates the request for PT was modified by UR on 8/27/15 for an additional 10 sessions. Previous report of 7/10/15 had noted the 12 PT sessions rendered had not provided any benefit. Physical 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. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received previous therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical Therapy 3 Times a Week for 6 Weeks for the Lumbar Spine is not medically necessary and appropriate.

Pain Management Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Independent Medical Examinations and Consultations, Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, Follow-up Visits.

Decision rationale: This patient sustained a low back injury and continues to treat for continued pain. Symptoms are stable without any new trauma and the patient is tolerating conservative treatments without escalation of medication use or clinically red-flag findings on examination. There is no change or report of acute flare. If a patient fails to functionally improve as expected with treatment, the patient's condition should be reassessed by consultation in order to identify incorrect or missed diagnoses; however, this is not the case; the patient remains stable with continued chronic pain symptoms on same unchanged

medication profile and medical necessity for pain management consultation has not been established. There are no clinical findings or treatment plan suggestive for any interventional pain procedure. The Pain Management Consult is not medically necessary and appropriate.