

Case Number:	CM15-0188594		
Date Assigned:	09/30/2015	Date of Injury:	07/03/2013
Decision Date:	11/13/2015	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, 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 26 year old female who sustained an industrial injury on 7-3-13. The medical records indicate that the injured worker has been treated for multiple disc protrusions of the lumbar spine; lumbar spine discogenic pain; lumbar spine radiculopathy. She currently (7-20-15) complains of persistent low back pain and muscle spasms radiating to the bilateral legs left greater than right with tingling. On physical exam there was tenderness to palpation of the paraspinal muscles with decreased range of motion, positive straight leg raise bilateral lower extremities. Her pain level was 8 out of 10 (7-9-15 note). Her pain level, from 9-4-14 was 8 out of 10 and, has remained between 7 and 9 out of 10 through 7-20-15. Notes indicate that she has been receiving physical therapy to the lumbar spine since at least 11-16-14 and symptoms have remained consistent. The total number of sessions was not present, however, the 12-22-14 physical therapy note indicates a recommendation of physical therapy 3 times per week for 8 weeks. The physical therapy discharge summary dated 3-6-15 indicates that the injured worker was discharged from therapy and has received the maximum benefit and has increased pain from 7 to 8 out of 10. The 3-10-15 note indicates that her activities of daily living are limited with regards to hygiene, walking, riding in a car, driving, standing, sitting reclining, stair navigation, sleep issues secondary to pain and anxiety. This is the only reference to activities of daily living. Many of the notes are hand written and illegible. Diagnostics include MRI's of the lumbar spine; x-rays. Treatments to date include home exercise; medications: Flexeril, tramadol, menthoder cream, Percocet; chiropractic therapy; physical therapy; transcutaneous electrical nerve

stimulator unit. The request for authorization was not present. On 8-27-15 Utilization Review non-certified the request for additional physical therapy times 12 sessions, low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy X 12, low back: 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: The patient presents with severe low back pain and muscle spasms radiating to the bilateral legs. The current request is for Additional Physical Therapy x 12, low back. The report making the request was not made available for review. No physical therapy reports were made available. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The treatment report dated 03/05/2015 (106B) notes that the patient continues with physical therapy and HEP. The number of physical therapy sessions the patient has completed was not documented. In this case, the requested 12 additional sessions when combined with the previous number of sessions the patient has received would exceed guidelines. The patient should now be able to continue with her current home-exercise program to improve strength and flexibility. The current request is not medically necessary.