

Case Number:	CM15-0188669		
Date Assigned:	09/30/2015	Date of Injury:	01/10/2014
Decision Date:	11/16/2015	UR Denial Date:	09/02/2015
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:

This 55 year old man sustained an industrial injury on 1-10-2014. Diagnoses include radicular symptoms of lower limbs, low back pain, lumbosacral joint sprain, abnormal gait, insomnia, moderate recurrent major depression, and myalgia and myositis. Treatment has included oral and topical medications. Physician notes dated 8-25-2015 show complaints of low back pain. The physical examination is noted only to be "unchanged". Recommendations include Gabapentin, Lidoderm patches, physical therapy, psychology consultation, and lumbar spine MRI. Utilization Review denied a request for physical therapy evaluation on 9-2-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy evaluation and treatment twice a week for four 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: The patient presents with chronic low back pain with right lower extremity radicular symptoms. The request is for physical therapy evaluation and treatment twice a week for four weeks. The request for authorization is dated 08/25/15. MRI of the lumbar spine, 09/11/15, shows multilevel degenerative disc disease and facet arthropathy; epidural lipomatosis; moderate canal stenosis at L3-L4 and L5-S1; moderate right neural foraminal narrowing at L3- L4, moderate left neural foraminal narrowing at L4-L5. Physical examination reveals severe myofascial spasm over his bilateral quadratus lumborum and lumbar paraspinals with no discomfort on palpation of his greater trochanter or piriformis; however, with marked discomfort with palpation of his right SI joint. Range of motion is markedly restricted. Sensory examination in his lower extremities is markedly decreased in his right lower extremity in L3, L4, L5, and S1 but most markedly in L5 and S1 including the soles of his feet on the right. In terms of his lower extremity motor strength, markedly diminished strength compared to the left. Deep tendon reflexes in the right lower extremity is decreased. FABER is positive on the right. He describes what sounds like an epidural injection done by a [REDACTED] which made him worse. The patient describes chiropractic treatment as having made his condition worse. Patient's medications include Gabapentin, Ibuprofen, Lidocaine, and Omeprazole. Per QME report dated 07/27/15, the patient is on work restrictions. MTUS, Physical Medicine Section, pages 98, 99 states: "Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per progress report dated 08/25/15, treater states, "Physical therapy and acupuncture had no change in his condition." Physical therapy treatment history is not provided to determine how many previous sessions the patient has had. In this case, the patient continues with low back pain. Given the patient's condition, a short course of Physical Therapy would appear to be indicated. MTUS guidelines recommend up to 10 visits, however, treater does not discuss or explain the request for additional Physical Therapy treatments that were not effective in the past for the patient's condition. Therefore, the request is not medically necessary.