

Case Number:	CM15-0188937		
Date Assigned:	09/30/2015	Date of Injury:	10/18/2013
Decision Date:	11/12/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/25/2015

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-work injury on 10-18-13. She reported initial complaints of low back pain. The injured worker was diagnosed as having left L5-S1 disc herniation with left sciatica. Treatment to date has included medication, physical therapy (1 year prior), and diagnostics. MRI results were reported on 12-10-13 of the lumbar spine that demonstrated disc protrusion compressing the left S1 root. Currently, the injured worker complains of ongoing low back pain that radiates to the left leg to the foot and down the right leg to the knee. Meds include Motrin, valium, Norco 5 mg, and Neurontin. Per the orthopedic specialist consultation on 8-24-15, exam of the lumbar spine revealed limited range of motion, positive straight leg raise on the left, normal lower extremity sensation and reflexes. Current plan of care includes physical therapy sessions. The Request for Authorization requested service to include Physical eval and treat 3 times 4 for lumbar. The Utilization Review on 9-10-15 denied the request for Physical eval and treat 3 times 4 for lumbar, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical eval and treat 3 times 4 for lumbar: 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 was injured on 10/18/13 and presents with low back pain which radiates to the left lower extremity to the foot and down the right leg to the knee. The request is for PHYSICAL EVAL AND TREAT 3 TIMES 4 FOR LUMBAR. The RFA is dated 09/08/15 and the patient is not currently working. MTUS Guidelines, Physical Medicine, pages 98 and 99 have the following: Physical medicine: Recommended as an indicated below. Allow for fading of treatments frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS Guidelines pages 98 and 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. The patient has a positive straight leg raise on the left and she is diagnosed with left L5-S1 disc herniation with left sciatica. Treatment to date has included medication, physical therapy (1 year prior), and diagnostics. It appears that the patient has had prior physical therapy sessions; however, there is no indication of how these sessions impacted the patient's pain and function, when these sessions occurred, or how many sessions the patient had in total. Given the absence of documentation of functional improvement as defined and required by MTUS Guidelines, additional sessions of physical therapy cannot be reasonably warranted as the medical necessity. Furthermore, the requested 12 sessions of physical therapy exceeds what is recommended by MTUS guidelines. The request IS NOT medically necessary.