

Case Number:	CM15-0189173		
Date Assigned:	10/01/2015	Date of Injury:	09/08/2010
Decision Date:	11/10/2015	UR Denial Date:	08/28/2015
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 female who sustained an industrial injury on 9-8-10. The medical records indicate that the injured worker was treated for a non-displaced sacral fracture treated non-surgically. She currently (6-24-15) complains of ongoing low back with tingling, numbness and pain and with radiation down her bilateral lower extremities in the L5 distribution. Her pain level was 8-9 out of 10. On physical exam of the lumbar spine there was tenderness to palpation in the bilateral L4-5 paraspinal muscles, decreased range of motion, and positive straight leg raise in the bilateral L5 distribution. She is working. She had an electromyography, which showed, and L5 radiculopathy on the right side. She has been treated with 2 sacroiliac joint injections without benefit; medications: Norco, tizanidine, alprazolam, Advil; physical therapy but was unable to pursue a long course due to pain (the number of visits were not present). The request for authorization was not present. On 8-28-15 Utilization Review non-certified, the request for physical therapy 3 times per week for 2 weeks for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 3x2 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 Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program for flare-up, new injury, progressive deterioration, or with documented functional improvement in terms of increased ADLs with decreased pharmacological profile and medical utilization. For chronic injury with new findings, therapy may be medically appropriate to allow for relief and re-instruction on a home exercise program for a chronic 2010 injury. It appears the patient made some progress with therapy; however, request for continued therapy is beyond the quantity for guidelines criteria for reassessment with further consideration for additional sessions upon documented functional benefit. Submitted reports have not adequately demonstrated the indication to support for excessive quantity of PT sessions without extenuating circumstances established beyond the guidelines. The PT 3x2 Low Back is not medically necessary and appropriate.