

Case Number:	CM15-0191537		
Date Assigned:	10/05/2015	Date of Injury:	06/28/2011
Decision Date:	11/10/2015	UR Denial Date:	09/12/2015
Priority:	Standard	Application Received:	09/29/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 32 year old male, who sustained an industrial injury on 6-28-2011. The injured worker was being treated for lumbago and lumbar spondylosis. On 9-9-2015, the injured worker reported ongoing low back pain radiating into both legs. He reported that prolonged sitting aggravated his pain. He reported seeing a chiropractor. His pain was rated 4 out of 10. The treating physician noted the injured worker had improvement of radicular pain following a recent flare-up of lumbar pain with radicular pain in the buttocks and thighs. The physical exam (9-9-2015) revealed decreased lumbar flexion of 80 degrees, extension of 20 degrees, right and left lateral bend of 20 degrees, and right and left of 30 degrees. There was bilateral mid lumbar tenderness and upper lumbar spinous process tenderness. There was intact sensation and normal motor testing of the bilateral lower extremities. Per the treating physician (9-9-2015 report), an MRI of the lumbar spine from 6-7-2015 revealed a disc bulge at L5-S1 (lumbar 5-sacral 1) with mild impingement on the right S1 nerve root. There was a disc bulge with moderate stenosis at T12-L1 (thoracic 12-lumbar 1). Treatment has included yoga, off work, work restrictions, and medications including pain, muscle relaxant, and non-steroidal anti-inflammatory. The medical records (6-11-2015) referred to the injured worker having undergone prior physical therapy, but the dates and results of that treatment were not included in the provided medical records. Per the treating physician (9-9-2015 report), the injured worker was temporarily totally disabled. On 9-3-2015, the requested treatments included 8 sessions of physical therapy for the lumbar spine. On 9-12-2015, the original utilization review non-certified a request for 8 sessions of physical therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Sessions of Physical Therapy, 2 per week for 4 weeks to lumbar spine: 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: According to the CA MTUS/ ACOEM Chronic Pain Medical Treatment Guidelines page 9, therapy for chronic pain ranges from single modality approaches for the straightforward patient to comprehensive interdisciplinary care for the more challenging patient. Therapeutic components such as pharmacologic, interventional, psychological and physical have been found to be most effective when performed in an integrated manner. All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. Typically, with increased function comes a perceived reduction in pain and increased perception of its control. This ultimately leads to an improvement in the patient's quality of life and a reduction of pain's impact on society. Physical therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Physical Medicine Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. In this case, the injured worker is noted to have completed an unspecified number of physical therapy sessions in the past, as the original injury was sustained in 2011. It is unclear the number of visits the worker attended, nor is there any documentation supporting any functional benefit from prior physical therapy. Therefore, the request is not supported by the guidelines and is not medically necessary.