

Case Number:	CM15-0191855		
Date Assigned:	10/05/2015	Date of Injury:	11/03/2014
Decision Date:	11/16/2015	UR Denial Date:	09/10/2015
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: 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 48 year old male who sustained an industrial injury on 11-3-14. A review of the medical records indicates he is undergoing treatment for chronic low back strain and pain. Medical records (3-17-15 to 9-1-15) indicate ongoing complaints of low back pain "since 2-4-15". An unlabeled document indicates that he rates his pain "4 out of 10" on 6-4-15. On 9-1-15, he complains of left low back pain "at the belt line", rating his average pain "3 out of 10". He reports that his pain "bothers him the most" when sitting or standing. There are no complaints of numbness or weakness and the treating provider indicates "there is no distal radicular pain". The physical exam (9-1-15) reveals a "normal tandem gait". Lumbar flexion and extension are noted to full "with pain". No focal tenderness noted in the lumbar paraspinals, posterior superior iliac spine-gluteal bursa, greater trochanters, sciatic notch or hip flexor areas. Normal sensory and motor exams are noted. Diagnostic studies have included an MRI of the lumbar spine, indicating a 2 millimeter disc bulge at L4-L5. Treatment has included medications, a back support, "ergonomic supplies", 6 sessions of acupuncture, and, at least, 7 sessions of physical therapy. The progress records indicate that the injured worker has had "very little improvement in low back pain despite 7 physical therapy visits" (3-31-15). The injured worker is currently working "full-duty". Effects of his pain on activities of daily living are not included in the provided records. The treatment recommendation is for 12 visits of physical therapy "for more aggressive stabilization training, stretching, and soft tissue mobilization". The utilization review (9-10-15) indicates denial of the requested treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 12 sessions: 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: Based on the 9/1/15 progress report provided by the treating physician, this patient presents with left low back pain at belt-line level, with no distal radicular pain and no numbness/weakness, which bothers him most when sitting or standing, pain rated 3/10 on NRS, with pain ranging from 2-7/10. The treater has asked for PHYSICAL THERAPY X 12 SESSIONS on 9/1/15. The patient's diagnosis per request for authorization dated 9/2/15 is lumbar strain. The patient is currently taking chronic medications, which include Atenolol, Fosinopril, and HCTZ per 9/1/15 report. The patient does not have a surgical history relating to his back per review of reports. The patient has a normal lumbar MRI scan per 9/1/15 report. The patient's back has been hurting for more than 4 months and he attributes it to the poor ergonomics in vehicles per 7/14/15 report. The patient is s/p 4 acupuncture treatments with unchanged pain per 7/14/15 report. The patient is to return to full duty on 7/14/15 per report of the same date. MTUS Guidelines, Physical Medicine section, pages 98 and 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." The patient had 7 physical therapy sessions in the last couple of months with "very little improvement" in his low back pain per 3/31/15 report. The treater is requesting additional physical therapy "for more aggressive stabilization training, stretching and soft tissue mobilization" per 8/26/15 report. However, MTUS only allows for 8-10 sessions in non-operative cases. In conjunction with previous 7 sessions, the current request for 12 additional sessions exceeds that request. Hence, the request IS NOT medically necessary.