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| Case Number: | CM15-0194802 | | |
| Date Assigned: | 10/08/2015 | Date of Injury: | 06/16/2015 |
| Decision Date: | 11/23/2015 | UR Denial Date: | 09/18/2015 |
| Priority: | Standard | Application Received: | 10/05/2015 |

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, Pain Management, Occupational Medicine

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 female, who sustained an industrial injury on 6-16-2015. Additional injury dates were noted. The injured worker was being treated for lower back pain, lumbar radiculopathy, and sciatica of left side. Treatment to date has included diagnostics, physical therapy, chiropractic, and medications. Currently (9-14-2015), the injured worker complains of low back pain with radiation to the left gluteal area and left leg, rated 3-5 out of 10 (rated 6 out of 10 on 8-17-2015). She reported continued back pain with prolonged sitting and walking but noted "more tolerance to the back pain now" since started therapy. The treating physician documented that she only went to 1 out of 6 physical therapy visits but was getting chiropractic treatment on her own. Work status was modified. Current medications included Cyclobenzaprine and Diclofenac ER. Naproxen and Prednisone were noted as last prescribed in 2014. Exam of the lumbosacral spine noted "walking with back discomfort", tenderness to palpation of the bilateral paraspinals at level, restricted and painful flexion, and positive straight leg raise on the left. X-rays of the lumbosacral spine were documented to show "no fracture or dislocation". The treatment plan included additional physical therapy for the lumbar spine, non-certified by Utilization Review on 9-18-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Lumbar: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: MTUS 2009 states that at up to 10 sessions of physical therapy can be provided for the diagnosis of myalgia. This patient had been approved for six sessions of physical therapy previously. She only completed one session of therapy at the time of the initial denial. This request for additional physical therapy fits within the recommended number of sessions provided by MTUS 2009. Therefore, this request for additional physical therapy is medically necessary.