

Case Number:	CM15-0195130		
Date Assigned:	10/08/2015	Date of Injury:	01/11/2014
Decision Date:	11/25/2015	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, Hawaii

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 58 year old female injured worker suffered an industrial injury on 1-11-2014. The diagnoses included degeneration of the lumbar or lumbosacral intervertebral disc, spondylosis and spondylolisthesis. On 8-13-2015, the provider reported the injured worker stated she was markedly better since starting physical therapy. On exam, there was negative sitting straight leg raise, negative supine straight leg raise and negative femoral nerve stretch. On 9-11-2015, the treating provider reported worsening low back pain. The injured worker reported a recent fall at work. The injured worker reported that she only had 2 approved sessions of physical therapy of the 12 visits that were requested. On exam, there was positive sitting straight leg raise, supine straight leg raise and femoral nerve stretch. The requested treatments were requested for back hardening and core strengthening. On 7-2-2015, the physical therapy notes indicated 12 sessions were attended. The Utilization Review on 9-18-2015 determined non-certification for Physical therapy 2xwk x 6wks Thoracic, lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2xwk x 6wks Thoracic, lumbar spine: Upheld

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

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

Decision rationale: The patient presents with pain affecting the thoracic and lumbar spine. The current request is for Physical therapy 2xwk x 6wks Thoracic, lumbar spine. The treating physician report dated 9/11/15 (10B) states, "She also relays that WC only approved two of the 12 visits I requested for her back hardening/core strengthening." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided show the patient has received at least 2 sessions of physical therapy previously. The patient's status is not post-surgical. In this case, the current request of 12 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medically necessary.