

Case Number:	CM15-0195273		
Date Assigned:	10/09/2015	Date of Injury:	01/21/2011
Decision Date:	11/20/2015	UR Denial Date:	09/28/2015
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

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 30 year old male with a date of injury on 1-21-11. A review of the medical records indicates that the injured worker is undergoing treatment for low back pain and lower extremity pain rated 6 out of 10. He reports increasing lower extremity pain causing burning and tingling down the left leg to the foot. He reports much benefit with chiropractic adjustments. He completed 2 treatments of physical therapy and he did not feel much relief. Objective findings: tenderness and spasms in lumbar para-spinal muscles, stiffness with motion of the spine, dysesthesia to left touch L5-S1 dermatome, strength 5 out of 5 lower extremity and antalgic gait noted to the left. Treatments include: medication, physical therapy, TENS unit and chiropractic. Request for authorization was made for physical therapy for the lumbar spine and left lower extremity 2 times per week for 3 weeks, 6 sessions. Utilization review dated 9-28-15 modified the request to certify 4 physical therapy sessions instead of 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, lower back and left lower extremity, 2 times weekly for 3 weeks, 6 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Physical therapy guidelines.

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

Decision rationale: The patient presents with pain in the lower back and bilateral lower extremities. The request is for Physical therapy, lower back and left lower extremity, 2 times weekly for 3 weeks, 6 sessions. Patient is status post umbilical hernia repair surgery, 04/19/11. Physical examination to the lumbar spine on 09/04/15 revealed tenderness to palpation to the paraspinal muscles. Patient had an antalgic gait to the left. Patient's treatments have included medication, TENS unit, chiropractic care, and physical therapy. Per 08/05/15 progress report, patient's diagnosis includes low back pain, status post umbilical hernia repair, bilateral sacroiliitis, lumbar facet pain, and possibility of lumbar radiculopathy. Patient's work status is modified duties. MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine section, pages 98-99 state: "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: 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified, 8-10 visits over 4 weeks. Reflex sympathetic dystrophy: 24 visits over 16 weeks". In progress report dated 09/04/15, the treater states that the patient has had two treatments of physical therapy and wishes to return and continue therapy and receive maximum benefit from physical therapy. The utilization review letter dated 09/28/15 has modified the request from 6 to 4 sessions. The patient continues with pain in the lower back and bilateral lower extremities. Given the patient's continued pain and benefits from prior two sessions of physical therapy, the request appears reasonable and within guideline recommendations. Therefore, the request is medically necessary.