

Case Number:	CM15-0198152		
Date Assigned:	10/13/2015	Date of Injury:	03/26/2015
Decision Date:	11/20/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/08/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 45 year old male, who sustained an industrial injury on 3-26-15. The injured worker was diagnosed as having herniated nucleus pulposus with radiculopathy. Medical records on 7-29-15 indicated 8 out of 10 pain and discomfort in the lower back. The physical exam (7-21-15 through 9-1-15) revealed lumbar flexion was 30-60 degrees, extension was 0-10 degrees and lateral flexion was 10 degrees bilaterally. As of the PR2 dated 9-14-15, the injured worker reports low back pain that radiates to the right leg. He indicated that he is not currently working due to his back pain. The treating physician noted that the injured worker has had no treatment other than medications. Objective findings include lumbar flexion is 30 degrees, extension is 0 degrees and lateral bending is 10 degrees bilaterally. There is also a positive straight leg raise test on the right. Treatment to date has included a lumbar epidural injection on 8-25-15, a lumbar MRI on 5-7-15 showing a 4mm disc bulge at L3-L4 and Norco. The treating physician requested physiotherapy 3 x weekly for 8 weeks for the lumbar spine. The Utilization Review dated 9-30-15, non-certified the request for physiotherapy 3 x weekly for 8 weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy - lumbar spine (3x8): 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy lumbar spine three times per week times eight weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis is herniated nucleus pulposus with radiculopathy. Date of injury is March 26, 2015. Request for authorization is September 14, 2015. According to a September 14, 2015 progress note, the treating provider indicates the injured worker has back pain 8/10 and received a recent epidural steroid injection which helped moderately. The injured worker is ready to start physical therapy. There are no physical therapy progress notes in the medical record. Utilization review states the injured worker was approved for 24 physical therapy sessions. As noted above, there are no physical therapy progress notes and no documentation demonstrating objective improvement in the record. Objectively, there is no tenderness to palpation in the cervical spine or lumbar spine. Range of motion was decreased at the lumbar spine. Motor function is normal. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, utilization review documentation indicating the injured worker was authorized for 24 prior physical therapy sessions, no documentation of prior physical therapy and no compelling clinical facts indicating additional physical therapy over the recommended guidelines as clinically indicated, physical therapy lumbar spine three times per week times eight weeks is not medically necessary.