

Case Number:	CM15-0198587		
Date Assigned:	10/14/2015	Date of Injury:	06/25/2015
Decision Date:	11/25/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/09/2015

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 54 year old male, who sustained an industrial injury on 6-25-15. The injured worker was diagnosed as having bilateral lumbosacral sprain-strain; history of lumbar laminectomy. Treatment to date has included medications. Diagnostics studies included MRI lumbar spine (8-4-15). Currently, the PR-2 notes dated 7-01-15 indicated the injured worker was in for a re-check with no improvement. Injured worker reports that upon waking up that morning, he developed right lower back pains that he had difficulty getting out of bed, while at work, he claims he could "hardly bend and turn because of moderate to severe low back pains more on the right side. Pain level at 6-10 out of 10." On examination, the provider documents "Back-diffuse tenderness at paralumbar spinous muscle more on the right paralumbar spine; palpable muscle spasm at right paralumbar area; restrictive range of motion on flexion and rotation; flexion at 10 out of 40; no ecchymosis, straight leg raise equivocal." The treatment plan was documented as continue medications (prednisone, flexeril, Ibuprofen 800mg; Norco 5-325mg at bedtime) as directed and request an orthopedic referral for further evaluation and transfer of care. A PR-2 note dated 7-20-15 indicated the injured worker came in for a re-check claiming his condition is getting worse. He complains of frequent low back pains and this time radiating to his right lower leg. He also reports he is unable to tolerate prolonged standing, walking and even sitting. The provider rates his pain as "7-9 out of 10". On physical examination, the provider notes "Back-tenderness at paralumbar spinous muscle unchanged, restrictive range of motion on flexion-extension-rotation; flexion at 10 out of 40 unchanged, moderate to severe pain elicited on flexion-extension; splints forward when walking still SLR-

equivocal." Same treatment plan; waiting on orthopedic referral. A PR-2 notes dated 9-3-15 titled "Secondary Treating Physician's Initial Medical Report" indicates the injured worker is being seen for his upper back, lower back, and right hip, left hip and left foot pain. The provider reports recent testing "Low back x-rays performed less than three months ago and MRI was performed on 8-4-15." The injured worker complains of upper back pain as sharp, occurs about 30% of the time and does not interfere with any of his abilities of daily living. The low back pain is said to radiate to the left hip, thigh, knee, leg, ankle and foot and is sharp. His pain occurs about 70% of the time and interferes with his ability to perform range of motion, sitting and standing. The right hip pain is sharp, occurs 70% of the time, and interferes with his ability to perform range of motion, standing and stooping. The left hip pain is sharp and occurs about 100% of the time interfering with range of motion and stooping. The left foot pain is dull and occurs about 30% of the time interfering with his ability to stoop. On physical examination, the provider documents "Lower back tender with lower back pain radiates to left lower extremity (numbness). Lower extremity tender decreased lower extremity left L5." He notes a past surgical history of lumbar spine fusion in 2005. His treatment plan includes physical therapy to evaluate and start treatment and encouraged activity. Medications: Norco 5-325mg #60 and Flexeril 10mg #60. A Request for Authorization is dated 10-1-15. A Utilization Review letter is dated 9-22-15 and non-certification for 12 sessions of physical therapy for the low back. A request for authorization has been received for 12 sessions of physical therapy for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care.

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

Decision rationale: Based on the 9/22/15 progress report provided by the treating physician, this patient presents with unchanged low back pain radiating to the left foot with ongoing numbness/tingling of the left leg. The treater has asked for 12 SESSIONS OF PHYSICAL THERAPY FOR THE LOW BACK on 9/22/15. The request for authorization was not included in provided reports. The patient is s/p problems in having erections for the past 6 months per 9/22/15 report. The patient has not yet had any physical therapy as it has not been authorized per 9/22/15 report. The patient is s/p an unspecified lumbar surgery after a prior back injury in 2005. The patient is taking Norco and Flexeril per 9/3/15 report. The patient is to return to modified work from 7/2/15 to 7/8/15 per 7/1/15 report. 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. Review of the reports does not show any evidence of prior physical therapy. The current request is for 12 sessions of physical therapy for the low back. However, MTUS only

allows for 8-10 sessions in non-operative cases and the treater's request for 12 sessions exceeds that request. Hence, the request IS NOT medically necessary.