

Case Number:	CM15-0198796		
Date Assigned:	10/14/2015	Date of Injury:	12/18/2012
Decision Date:	11/20/2015	UR Denial Date:	10/07/2015
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: North Carolina

Certification(s)/Specialty: Family Practice

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 56 year old female, who sustained an industrial injury on December 18, 2012, incurring low back injuries. She was diagnosed with lumbar disc disease with disc herniation. Treatment included 12 sessions of physical therapy with minimal improvement, rest, home exercise program, pool therapy, lumbar epidural steroid injection, pain medications and anti-inflammatory drugs. Currently, the injured worker complained of burning pain in the right side of the lower back radiating to the legs with numbness and tingling. She rated her pain 7 out of 10 on a pain scale from 0 to 10, without medications and 2-3 out of 10 with medications. On March 11, 2015, the injured worker underwent a lumbar laminectomy and discectomy. The treatment plan that was requested for authorization on October 9, 2015, included 8 sessions of physical therapy for the lumbar spine. On October 7, 2015, a request for 8 sessions of physical therapy for the lumbar spine was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, lumbar spine, Qty: 8: 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: Physical Medicine Guidelines: 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 (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2). 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The goal of physical therapy is graduation to home therapy after a certain amount of recommended sessions. The patient has already completed physical therapy. The request is in excess of these recommendations per the California MTUS. There is no objective reason why the patient would not be moved to home therapy after completing the recommended amount of supervised sessions. In the provided clinical documentation. Therefore the request is not medically necessary.