

Case Number:	CM15-0199698		
Date Assigned:	10/14/2015	Date of Injury:	02/05/2015
Decision Date:	11/25/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/12/2015

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 24 year old male sustained an industrial injury via cumulative trauma from 2-5-14- to 2-5-15. Documentation indicated that the injured worker was receiving treatment for bilateral sacroiliac joint inflammation. Previous treatment included physical therapy and medications. In an initial evaluation dated 3-9-15, the injured worker complained of low back and bilateral hip pain, rated 8 to 9 out of 10 on the visual analog scale, with radiation to bilateral lower extremities. Physical exam was remarkable for tenderness to palpation in the sacroiliac joint with "full and equal" hip joint range of motion, positive Gaenslen's, Faber and Patrick tests, 5 out of 5 bilateral lower extremity strength and intact sensation. The physician stated that at this point the injured worker had completed physical therapy, time, rest and medications with no alleviation of pain. Diagnostic studies and other measures were discussed with the injured worker, but the injured worker did not want to proceed with diagnostic testing or therapeutic injections. The injured worker was released from care. In a PR-2 dated 8-27-15, the injured worker complained of intermittent low back pain and stiffness, rated 6 out of 10, with radiation to both legs associated with numbness and tingling. Physical exam was remarkable for lumbar spine with tenderness to palpation of bilateral sacroiliac joints and lumbar paraspinal musculature with spasms, positive Kemp's and Lasague's tests and bilateral straight leg raise and lumbar spine range of motion: flexion 45 degrees, extension 15 degrees and bilateral lateral bend 10 degrees. The treatment plan included requesting authorization for physical therapy and acupuncture once a week for six weeks to decrease pain and spasm and increase range of motion and requesting orthopedic consultation to discuss invasive treatments for the low back. On 9-9-15, Utilization Review non-certified a request for six sessions of physical therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical therapy for lumbar: 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 on 08/27/15 with lower back pain rated 6/10 which radiates into the bilateral lower extremities. The patient's date of injury is 02/05/15. The request is for 6 physical therapy sessions for lumbar. The RFA is dated 09/02/15. Physical examination dated 08/27/15 reveals tenderness to palpation of the bilateral SI joints and lumbar paravertebral musculature with spasms noted, positive straight leg raise test bilaterally, and positive Kemp's test. The patient's current medication regimen is not provided. Patient is currently advised to remain off work until 10/11/15. MTUS Guidelines, Physical Medicine Section, pages 98, 99 has the following: "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." In regard to the 6 physical therapy sessions for this patient's ongoing lower back pain, the provider has exceeded guideline recommendations. This patient has had at least 7 sessions of physical therapy for his lower back complaint to date - the last on 08/27/15. For chronic pain complaints, MTUS guidelines support 8-10 physical therapy treatments. The request for 6 treatments in addition to the 7 already completed exceeds these recommendations and cannot be substantiated. It is not clear why this patient is unable to transition to home-based/self-directed therapy, either. Therefore, the request is not medically necessary.