

Case Number:	CM15-0199848		
Date Assigned:	10/15/2015	Date of Injury:	08/15/2001
Decision Date:	11/24/2015	UR Denial Date:	10/06/2015
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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 52 year old male with a date of injury on 08-15-2001. The injured worker is undergoing treatment for sprain-lumbar region, lumbago, and lumbar disc degeneration, Grade 1 anterolisthesis of L5 on S1. Physician progress notes dated 06-26-2015, 07-24-2015, 08-27-2015, 09-28-2015 documents the injured worker complains of continued low back pain that radiates to his bilateral buttocks and posterior thigh. He has not yet started physical therapy. He finds that physical therapy provides him greater than 75% pain relief in the past. He rates his pain at 3- 4 out of 10 on the Visual Analog Scale. He has tenderness to palpation over his bilateral lumbar paraspinal muscles with right greater than left sacroiliac joints. He has some tingling thigh and leg pain with right straight leg raise. He is permanent and stationary and has permanent restrictions. He is not working. Treatment to date has included diagnostic studies medications, past therapy, and a home exercise program. Current medications include Oxycodone and Duloxetine. There is a Request for Authorization for physical therapy to the lumbar spine on 05-05-2015, but there are no physical therapy reports and a physician note dated 08-27-2015 documents he has not yet started any physical therapy. The Request for Authorization dated 09-30-2015 includes physical therapy 2 times a week for 6 weeks, Oxycodone 10mg #30, and Cymbalta 30mg #30. On 10-06-2015 Utilization Review non-certified the request for Physical therapy, lumbar, 2 times weekly for 6 weeks, 12 sessions, as outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, lumbar, 2 times weekly for 6 weeks, 12 sessions, as outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: Physical therapy, lumbar, 2 times weekly for 6 weeks, 12 sessions, as outpatient is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this condition and a transition to an independent home exercise program. The documentation is conflicting on whether or not the patient has had prior PT for the low back; the number of sessions or outcome of any prior PT. There are no extenuating factors that would necessitate 12 supervised therapy visits which would exceed the MTUS recommended number of visits for this condition therefore this request is not medically necessary.