

Case Number:	CM15-0200307		
Date Assigned:	10/15/2015	Date of Injury:	07/01/2014
Decision Date:	11/30/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/13/2015

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 31 year old male, who sustained an industrial injury on 7-1-2014. Medical records indicate the worker is undergoing treatment for lumbar herniated nucleus pulposus and right lumbar 5 neuropathic pain. A recent progress report dated 9-14-2015, reported the injured worker complained of still with low back pain. Physical examination revealed lumbar paraspinal tenderness with "decreased range of motion". Treatment to date has included 10 sessions of physical therapy and medication management. On 9-14-2015, the Request for Authorization requested Physical Therapy to the Lumbar Spine 2 Times Per Week for 3 Weeks, 6 Total. On 9-23-2015, the Utilization Review noncertified the request for Physical Therapy to the Lumbar Spine 2 Times Per Week for 3 Weeks, 6 Total.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy to the Lumbar Spine 2 Times Per Week for 3 Weeks, 6 Total: 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 37 year old patient presents with tenderness to palpation in the lumbar spine with spasms and decreased range of motion, as per progress report dated 09/14/15. The request is for physical therapy to the lumbar spine 2 times per week for 3 weeks, 6 total. The RFA for this case is dated 09/14/15, and the patient's date of injury is 07/01/14. Diagnoses, as per progress report dated 09/14/15, included herniated nucleus pulposus, and right L5 neuropathic pain. Medications included Gabapentin, Tramadol and Flexeril. Diagnoses, as per progress report dated 08/20/15, included lumbar degenerative disk disease and chronic lumbar strain. The patient is on modified duty, as per progress report dated 09/14/15. MTUS Chronic Pain Management Guidelines 2009, pages 98, 99 has the following: "Physical Medicine: 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 this case, a request for 6 sessions of physical therapy is noted in progress report dated 09/14/15. In the same report, the treater states the patient finished physical therapy. A request for 6 sessions of physical therapy is also noted in progress report dated 06/08/15. The reports do not clearly indicate the number of sessions completed until now nor does the treater document the efficacy of prior therapy in terms of its impact on reduction of pain and improvement in function. The Utilization Review denial letter, however, indicates that the patient has completed 10 sessions of physical therapy until now. The treater does not explain why the patient has not transitioned to a home exercise regimen. Additionally, MTUS only recommends 8-10 sessions of PT in non-operative cases. Hence, the request is not medically necessary.