

Case Number:	CM15-0200416		
Date Assigned:	10/15/2015	Date of Injury:	04/22/2011
Decision Date:	11/30/2015	UR Denial Date:	10/01/2015
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 56 year old male, who sustained an industrial injury on 4-22-2011. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar myofascial pain, sciatica, lumbago, chronic pain, cervicgia, and depression. On 9-14-2015, the injured worker reported aching pain with night pain, morning stiffness, neck stiffness, and radiating pain to the right leg, rated 4 out of 10, with rest pain medications, cold, and physical therapy decreasing pain. The Treating Physician's report dated 9-14-2015, noted the injured worker had 50% improvement in axial pain after Botox, currently taking breakthrough opioid pain medication less frequently, with plan to request physical therapy post Botox. The physical examination was noted to show mild generalized tenderness in the lumbar area with full, painless range of motion (ROM) of the thoracic and lumbar spine, improved since the 6-8-2015 examination where the low back was noted to be restricted in flexion and extension and the injured worker with an antalgic gait and lumbopelvic muscle spasms. The treatment plan was noted to include refills of Lexapro and Nucynta, and lumbar physical therapy. The injured worker's work status was noted to be unchanged. A physical therapy progress note dated 9-4-2015, noted the injured worker had received 23 sessions to date, responding very well to therapy, no longer getting spasm pains in his low back with a reported 65% overall improvement in his back and radiating pain in July as a result of his physical therapy treatments. The injured worker's back pain was noted to be rated 2-3 out of 10 on a good day and 5-6 out of 10 on a bad day, an improvement from the 7 out of 10 constant pain the injured worker reported at his initial evaluation, with radiating pain also decreasing from 7 out of 10 to 3 out of 10. The injured

worker was noted to be able to sit and stand for longer periods of time, returning to bike riding. The injured worker was noted to still have hypomobility of his lower thoracic spine and throughout his lumbar spine, slowly improving with joint mobilizations. The injured worker was noted to have progressed very well with treatments and would certainly benefit from continued treatment to progress his exercise and alleviate his remaining impairments. The request for authorization dated 9-25-2015, requested physical therapy x8 sessions for the lumbar spine. The Utilization Review (UR) dated 10-1-2015, non-certified the request for physical therapy x8 sessions for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 8 Sessions, Lumbar Spine: 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 09/14/15 with neck pain and stiffness, and lower back pain with a radicular component. The patient's date of injury is 04/22/11. The request is for PHYSICAL THERAPY X 8 SESSIONS, LUMBAR SPINE. The RFA is dated 09/25/15. Physical examination dated 09/14/15 reveals mild generalized tenderness to palpation of the lumbar area. No other remarkable findings are included. The patient is currently prescribed Lexapro and Nucynta. Patient's current work status is not provided. 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 8 physical therapy sessions for this patient's ongoing lower back pain, the provider has exceeded guideline recommendations. Per PT progress note dated 09/04/15, this patient has had at least 23 sessions of physical therapy for his lower back complaint to date. For chronic pain complaints, MTUS guidelines support 8-10 physical therapy treatments. The request for 8 treatments in addition to the 23 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.