

Case Number:	CM15-0201042		
Date Assigned:	10/16/2015	Date of Injury:	04/01/2015
Decision Date:	12/03/2015	UR Denial Date:	09/16/2015
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: Texas, California

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:

This is a 38 year old female patient who reported an industrial injury on 4-1-2015. The diagnoses include displacement of lumbar inter-vertebral disc without myelopathy; and injury to left lumbar nerve root. She sustained the injury while pushing a cart in to the elevator and door closed on her. Per the occupational medicine progress notes dated 10-12-2015 she had complaints of pain in the left hip and back. Per the occupational medicine progress notes dated 9-10-2015 she had complaints of slightly improved pain, rated 9 out of 10, in the left hip and back, that was worse during the day, made worse by activities, and improve with rice packs, sleep, physical therapy; and of cramping in her neck - would like more therapy. The physical examination revealed pain over the middle and lower lumbar regions on motion; painful forward reach with assisted return; painful extension; positive left straight leg raise. The medications list includes norco, flexeril and lyrica. She has had recent magnetic resonance imaging studies of the lumbar spine dated 7-3-2015 which revealed left lumbar 4 - sacral 1 herniation, with lumbar 4 displacements. Her treatments were noted to include: several sessions of physical therapy with pool therapy; chiropractic care; medication management; and restricted work duties. The physician's requests for treatment were noted to include restarting physical therapy with pool therapy, 2 x a week for 4 weeks, to restore range-of-motion & muscle function, for pain, and to return to normal work. No Request for Authorization for 8 physical therapy visits for the lumbar spine was noted in the medical records provided. The Utilization Review of 9-16-2015 non-certified the request for 8 physical therapy visits for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 physical therapy visits for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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

Decision rationale: 8 physical therapy visits for the lumbar spine. The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. Per the records provided, patient had unspecified number of physical therapy visits for this injury. Therefore, the requested additional visits in addition to the previously rendered physical therapy sessions are more than recommended by the cited criteria. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The 8 physical therapy visits for the lumbar spine are not medically necessary for this patient at this time.