

Case Number:	CM15-0202353		
Date Assigned:	10/19/2015	Date of Injury:	12/16/2011
Decision Date:	12/03/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/14/2015

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, Hawaii
 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 60 year old female, who sustained an industrial injury on 12-16-2011. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for chronic low back pain, lumbar radiculopathy, and lumbar disc disorder. Medical records (05-14-2015 to 09-03-2015) indicate ongoing low back pain and left lower extremity pain. Pain levels were rated 8-10 out of 10 in severity on a visual analog scale (VAS). Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW may continue working with restrictions. The physical exam, dated 09-03-2015, revealed an appearance of mild-to-moderate pain, frustration, restricted and painful range of motion (ROM) in the lumbar spine, tenderness to palpation in the left lumbar region, and positive straight leg raise on the left. Relevant treatments have included: 11 sessions of physical therapy (PT), steroid injections, work restrictions, and pain medications. PT progress notes (08-19-2015) reported a 10% improvement in overall pain and stiffness in the low back and left lower extremity, but also reported increased pain in the left lower extremity with any household chores. The request for authorization (09-08-2015) shows that the following treatment was requested: 12 additional session of PT (2x6). The original utilization review (09-15-2015) non-certified the request for 12 additional session of PT.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 times a week for 6 weeks for total of 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

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

Decision rationale: The patient presents with low back pain. The current request is for Additional physical therapy 2 times a week for 6 weeks for a total of 12 visits. The treating physician's report dated 09/03/2015 (53C) states, "and lastly a course of PT to transition to a HEP." Medical records show a total of 11 physical therapy visits from 06/03/2015 to 08/19/2015 (44C). The 08/19/2015 (44C) physical therapy report notes, "██████ has improved by 10%-15% compared to initial evaluation. She continues to have "good" days and "bad" days regarding her condition. Patient would benefit from additional physical therapy visits with addition of lumbar stabilization program." The patient is not post-surgical. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. In this case, the patient has received 11 physical therapy visits recently with minimal benefit. MTUS page 8 on chronic pain requires satisfactory response to treatment including increased levels of function, decreased pain or improved quality of life. Given the lack of functional improvement while utilizing physical therapy, continued treatment is not warranted. Furthermore, the requested 12 additional visits exceed the MTUS Guidelines. The current request is not medically necessary.