

Case Number:	CM15-0202664		
Date Assigned:	10/19/2015	Date of Injury:	02/27/2014
Decision Date:	12/02/2015	UR Denial Date:	09/23/2015
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, Indiana, New York
Certification(s)/Specialty: Internal 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:

This is a 46-year-old female with a date of industrial injury 2-27-2014. The medical records indicated the injured worker (IW) was treated for degenerative disc disease, lumbar herniated disc and lumbar radiculopathy. In the progress notes (6-25-15, 8-13-15, 9-11-15), the IW reported pain in the low back and bilateral lower extremities. She complained of pain and spasms in the right lower back with pain running down the right lateral thigh and leg, but stated her symptoms were improved since the injections. Medications included Ibuprofen, Tramadol ER, Naproxen EC and Pantoprazole. On examination (9-11-15 notes), spasms were noted in the right lower lumbar area and the area was tender to palpation. There was increased pain with motion and Lasegue's test was positive on the right side. Lumbar range of motion was slightly decreased in flexion compared to her last visit (8-13-15), with 40 degrees of flexion, 20 degrees of extension and 20 degrees of lateral bending, left and right. Pulses in the feet and ankles were 2+ and motor strength was 5 out of 5 in the bilateral lower extremities. Sensation was decreased in the right posterior and lateral thigh and the dorsal and plantar surfaces of the bilateral feet. Deep tendon reflexes were normal bilaterally. Treatments included physical therapy (at least 12 visits, with benefit), aqua therapy, trigger point injections, bilateral facet blocks (5-4-15-bilateral L4 to S1) and radiofrequency thermocoagulation neurolysis (8-3-15-bilateral L4 to S1), medications and bracing. The radiofrequency neurolysis reduced her pain from 9 out of 10 to 5 out of 10 and allowed her to increase her ability to sit, stand and sustain activity. The notes did not indicate functional gains with the previous physical therapy. The IW was temporarily totally disabled. A Request for Authorization was received for physical therapy (lumbar) three times a week for four weeks. The Utilization Review on 9-23-15 modified the request for physical therapy (lumbar) three times a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (lumbar) 3 x 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Low Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy (lumbar) three times per week times four weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are lumbar spine, 7 mm herniated disc L5 S1; and lumbar spine bilateral L5 and S1 radiculopathy. The documentation shows the treating provider has requested physical therapy as far back as March 2015 through September 2015. The same language appears in subsequent progress notes including an ongoing home exercise program. According to the September 11, 2015 progress note, the injured worker is status post radiofrequency thermocoagulation. The injured worker has ongoing pain in the lumbar spine. Objectively, there is tenderness over the right lower lumbar area. The documentation indicates the injured worker underwent radiofrequency thermocoagulation neurolysis of the right and left L4, L5 and S1 medial branches on August 3, 2015. Two additional physical therapy sessions (according to the UR) were deemed appropriate. There is no clinical indication for 12 physical therapy sessions. There is no clinical rationale for 12 additional physical therapy sessions post radiofrequency thermocoagulation neurolysis. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no physical therapy notes documentation prior to the request for authorization, no documentation demonstrating objective functional improvement to support additional physical therapy and no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated, physical therapy (lumbar) three times per week times four weeks is not medically necessary.