

Case Number:	CM15-0202967		
Date Assigned:	10/19/2015	Date of Injury:	12/16/2014
Decision Date:	12/02/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/15/2015

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: Iowa, Illinois, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

The injured worker is a 49 year old male who sustained an industrial injury on 12-16-2014. A review of the medical records indicated that the injured worker is undergoing treatment for lumbosacral radiculopathy, lumbosacral sprain and strain, left hip sprain and strain and possible left hip labrum tear. According to the treating physician's progress report on 09-16-2015, the injured worker continues to experience lower back and left hip pain. Examination demonstrated an antalgic gait with local tenderness to the left hip area. There was decreased lumbosacral range of motion with positive straight leg raise on the left. Light touch sensation was decreased in the lateral aspect of the left leg with decreased left ankle reflex. A positive Patrick's test was present. Official Electromyography (EMG), Nerve Conduction Velocity (NCV) reports of the bilateral lower extremities performed 05-20-2015 were included in the review and suggestive of left S1 radiculopathy. Left hip magnetic resonance imaging (MRI) performed on 05-28-2015 and lumbar spine X-rays with official reports were included in the review. Prior treatments have included diagnostic testing, physical therapy (no discussion of quantity or benefit documented), acupuncture therapy (6 sessions) and medications. Current medications were listed as Neurontin, Tylenol #3 and Flexeril. The injured worker is on modified work hours and restrictive duties. Treatment plan consists of continuing medication regimen, exercise, and functional restoration program (FRP), chiropractic therapy, acupuncture therapy and the current request for physical therapy for the lumbar spine, 8 sessions. On 10-06-2015 the Utilization Review modified the

request for physical therapy for the lumbar spine, 8 sessions to physical therapy for the lumbar spine, 5 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, eight sessions for the 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 Low Back Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy).

Decision rationale: MTUS and ACOEM recommend MRI, in general, for low back pain when "cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative, MRI test of choice for patients with prior back surgery" ACOEM additionally recommends against MRI for low back pain "before 1 month in absence of red flags." California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a "six-visit clinical trial" of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. Medical records indicate this patient has attended an unknown number of physical therapy sessions in the past, however, the results of this therapy were not included in the medical documentation included. The requested number of sessions are in excess of the six-visit clinical trial recommended by guidelines. The previous reviewer modified the request to 5 visits. As such, the request for Physical Therapy, eight sessions for the lumbar spine is not medically necessary.