

Case Number:	CM15-0203049		
Date Assigned:	10/19/2015	Date of Injury:	07/12/2010
Decision Date:	12/04/2015	UR Denial Date:	10/07/2015
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: 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 44 year old female, who sustained an industrial injury on 7-12-10. The injured worker is diagnosed with lumbar sprain instability, bilateral lower extremity radiculopathy and right L2-L3 and L4-L5 microdiscectomy. Her work status is modified duty. Notes dated 7-9-15, 8-12-15 and 10-1-15 reveals the injured worker presented with complaints of low back pain with bilateral lower extremity weakness accompanied by cramping, numbness, tingling, aching and spasticity and is rated at 4-8 out of 10, The pain interferes with ascending and descending stairs and prolonged standing and walking. She reports she is able to sit for 20-30 minutes, walk and stand for 20 minutes and lift 5-8 pounds, as well as some dishes, laundry, shopping and vacuuming. Physical examinations dated 9-8-15 and 10-1-15 revealed low back tenderness, forward bend and extension causes endpoint discomfort. She experiences difficulty rising from a seated position and raising her thighs against gravity. Treatment to date has included medications, which reduce her pain from 7 out of 10 to 5 out of 10 per note dated 8-18-15; massage and acupuncture have been helpful per note dated 10-1-15 and physical therapy (at least 6 sessions). Diagnostic studies include electrodiagnostic studies, lumbar spine x-rays and lumbar MRI. A request for authorization dated 10-1-15 for physical therapy 12 sessions is modified to 6 sessions, per Utilization Review letter dated 10-7-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy sessions x12: 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 with pain affecting the low back with radiation down the bilateral lower extremities. The current request is for Physical therapy sessions x12. The treating physician report dated 10/1/15 (35B) states the patient has increasing lower extremity weakness and difficulty with standing and walking which puts her at increased fall and risk for accidents and various activities of daily living. MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided do not show the patient has received prior physical therapy for the lower extremities. The patient is status post lumbar micro discectomy in 2011 and is no longer within the postsurgical treatment period as established by the MTUS-PSTG. In this case, while the patient may benefit from physical therapy, the current request of 12 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medically necessary.