

Case Number:	CM15-0203078		
Date Assigned:	10/19/2015	Date of Injury:	04/22/2015
Decision Date:	12/07/2015	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 51 year old female who sustained an industrial injury on 04-22-2015. A review of the medical records indicated that the injured worker is undergoing treatment for sacroiliac sprain and strain and degeneration of the lumbar or lumbosacral intervertebral disc. According to the treating physician's progress report on 09-21-2015, the injured worker continues to experience intermittent low back pain rated at 4 out of 10 on the pain scale. Examination demonstrated tenderness of the right lumbar paraspinal muscles. The remainder of the physical examination of the lumbar spine, bilateral hips and bilateral lower extremities were documented as normal including sensation, deep tendon reflexes, motor strength and gait. Straight leg raise and Waddell's were negative. Lumbar spine magnetic resonance imaging (MRI) official report performed on 09-11-2015 was included in the review. Prior treatments have included diagnostic testing, physical therapy (6 sessions) and medications. Current medication was Ibuprofen. The injured worker was released for full duty without restrictions. Treatment plan consists of continuing with Ibuprofen as needed and the current request for additional physical therapy to the lumbar spine 3 times a week for 2 weeks. On 10-07-2015 the Utilization Review determined the request for additional physical therapy to the lumbar spine 3 times a week for 2 weeks was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient additional physical therapy to the lumbar spine three (3) times per week over two (2) weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with intermittent low back pain. The current request is for 6 additional sessions of physical therapy for the lumbar spine. Per the UR dated 10/7/15 the patient has completed 12 prior sessions of physical therapy. The treating physician states on 9/21/15 (14B) I recommend additional course of physical therapy for strengthening exercises as well as helping her plan for progressive gym program. MTUS guidelines indicate that Physical Therapy is recommended: Physical Medicine guidelines state Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. For myalgia and neuritis type conditions, MTUS Guidelines recommend 8-10 sessions of physical therapy. The clinical records reviewed do not provide documentation of what functional improvement was made with previous sessions of PT or documentation as to why a full independent home exercise program has not been established. There is no information in the reports presented to indicate that the patient has suffered a new injury and no new diagnosis is given to substantiate a need for additional physical therapy beyond the MTUS guideline recommendation. The current request is not medically necessary.