

Case Number:	CM15-0203161		
Date Assigned:	10/19/2015	Date of Injury:	12/01/1999
Decision Date:	12/04/2015	UR Denial Date:	09/29/2015
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 56 year old male, who sustained an industrial injury on 12-1-99. He reported low back pain. The injured worker was diagnosed as having lumbar radiculopathy and lumbar degenerative disc disease. Treatment to date has included transforaminal lumbar epidural steroid injections, 6 physical therapy sessions, and medication including Norco. Physical examination findings on 9-23-15 included tenderness to palpation of the lumbar paravertebral muscles with a tight muscle band noted bilaterally. L4-5 spinous process tenderness was noted. Trigger points with radiating pain and twitch response to palpation of the lumbar paraspinal muscles was noted. A straight leg raise test and lumbar facet loading was negative. Sensation to pinprick was decreased in the L4, L5, and S1 dermatomes on the right. On 9-23-15 the treating physician noted the "patient had physical therapy in the past with noted functional benefit and increased strength and range of motion in lower back." On 9-23-15, the injured worker complained of back pain radiation to the right leg rated as 8 of 10. The treating physician requested authorization for physical therapy for the low back x6. On 9-29-15 the request was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the low back; 6 sessions: Overturned

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. The current request is for Physical therapy for the low back: 6 sessions. The treating physician report dated 10/12/15 (3B) states; the patient recently noted an exacerbation in Lumbar spine caused by bending and twisting at work. He started to avoid medication use since opiate medications have caused him side effects. Therefore, six sessions of physical therapy to the low back was recommended to be able to provide ample comfort and relief while improving his range of motion. The report goes on to state, Although the patient had the ability to perform an independent home exercise program, weakness is still present in the patient hence it will be difficult for him to perform independent exercise. I believe that a supervised physical therapy session is more beneficial at this time. The UR report dated 9/28/15 (6A) states, Last time PT was certified: PTx4 lumbar spine dated 4/12/13. 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 show the patient has received prior physical therapy for the lumbar spine, but the most recent visit was dated 4/12/13. The patient's status is not post-surgical. In this case, the patient has not received any physical therapy since 2013 and the current request of 6 visits is within the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was a rationale by the physician in the documents provided as to why the patient requires supervised physical therapy over an independent home exercise program. Additionally, the current request for additional physical therapy will help alleviate the patient's symptoms, allow him to re-establish a home exercise program and allow the patient to continue to work. The current request is medically necessary.