

Case Number:	CM15-0205195		
Date Assigned:	10/22/2015	Date of Injury:	07/19/2008
Decision Date:	12/09/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/19/2015

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
 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 43 year old female with an industrial injury date of 07-19-2008. Medical record review indicates she is being treated for chronic back and radiating right leg pain, status post lumbar 5-sacral 1 right hemilaminotomy-discectomy, status post cervical 6-7 anterior cervical discectomy and fusion and chronic neck and radiating right arm pain. Subjective complaints (07-29-2015) included neck pain, low back pain and radiating leg pain. The injured worker stated her neck pain had "significantly" improved status post injection. Her medications (07-29-2015) included Levothyroxine, Wellbutrin, Lyrica, Valium, Tizanidine, Vitamin D, Zofran, Xolair shot, Norco and Tramadol. Physical exam (07-29-2015) noted some "minimal" weakness in the biceps and triceps on the right side. Lumbar range of motion was limited due to pain. She used a back brace and walker. Prior treatment included trigger point injection, aquatic therapy, spinal cord stimulator trial and medications. On 10-08-2015 the request for 12 physical therapy visits for the lumbar spine; 2 times a week for 6 weeks, as an outpatient was modified for 2 visits for instruction on a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy for the lumbar spine; 2 times a week for 6 weeks, as an outpatient:
 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: Based on the 9/29/15 progress report provided by the treating physician, this patient presents with neck pain, low back pain, radiating leg pain. The treater has asked for 12 physical therapy for the lumbar spine; 2 times a week for 6 weeks, as an outpatient on 9/29/15. The request for authorization was not included in provided reports. The patient is s/p L5-S1 hemilaminotomy/discectomy from 2010, and C6-7 anterior cervical discectomy/fusion from 2010 per 8/25/15 report. The patient is s/p unspecified injection to her neck with significant improvement of her pain per 9/29/15 report. The patient is s/p significant weight loss because of her recent swimming per 9/29/15 report. The patient had a trial of a spinal cord stimulator which gave relief and allowed increase of activity per 8/25/15 report. The patient is temporarily totally disabled per 9/29/15 report. MTUS Guidelines, Physical Medicine section, pages 98 and 99 states: "Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per review of reports, the patient has had prior aquatic therapy of unspecified sessions, but no recent land-based physical therapy. However, MTUS only allows for 8-10 sessions in non-operative cases and the treater's request for 12 sessions exceeds guideline recommendations. Hence, the request is not medically necessary.