

Case Number:	CM15-0205257		
Date Assigned:	10/22/2015	Date of Injury:	06/16/2015
Decision Date:	12/09/2015	UR Denial Date:	09/17/2015
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 26 year old male, who sustained an industrial injury on 6-16-15. The injured worker has complaints of low back and buttock pain. There is generalized mild tenderness to palpation lumbar spine and mild lumbar spine paraspinal spasm. The diagnoses have included sprain of lumbar. Lumbar spine magnetic resonance imaging (MRI) on 8-10-15 revealed L4-5, there is mild disc desiccation and disc space narrowing; there mild bilateral facet degenerative changes; there is a central disc protrusion, measuring 4 millimeter AP diameter; the pedicles are congenitally short with moderate spinal stenosis; there is neural foraminal narrowing; L5-S1 (sacroiliac) there are mild bilateral facet degenerative changes; there is broad-based disc protrusion measuring a maximal of 3 to 4 millimeter in AP diameter; there is no central canal or right neural foraminal narrowing and there is mild left lateral recess narrowing. The original utilization review (9-17-15) non-certified the request for physical therapy 2 times a week for 2 weeks (4 sessions) for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 2 weeks (4 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 Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Based on the 9/10/15 progress report provided by the treating physician, this patient presents with worsening low back pain and buttock pain, radiating down to his bilateral legs and sometimes to his upper back, rated 6/10. The treater has asked for PHYSICAL THERAPY 2 TIMES A WEEK FOR 2 WEEKS (4 SESSIONS) FOR THE LUMBAR SPINE on 9/10/15. The request for authorization associated with this request was not included in provided reports, but a prior request for authorization which asked for additional physical therapy dated 7/21/15 gave the following diagnoses: lumbago, uns myalgia/myositis, and spasm of muscle. There is no history of prior surgery to the lumbar per review of reports. The patient is currently using Naproxen and Flexeril per 9/10/15 report. The patient completed his first physical therapy session and is doing a home exercise program per 8/20/15 report. The patient is currently being instructed to use lumbar support PRN only per 8/20/15 report. The patient is currently on work restrictions per 9/10/15 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." In this case, the patient has recently finished a course of physical therapy as of the requesting 9/10/15 report but the number of sessions and level of benefit were not documented. Per utilization review letter dated 9/17/15, the request for additional therapy is denied as the patient has already been authorized for 12 sessions of physical therapy. MTUS only allows for 8-10 sessions of therapy in non-operative cases and in addition to 12 prior sessions, the current request for 4 additional sessions exceeds guideline recommendations. Hence, the request IS NOT medically necessary.