

Case Number:	CM15-0206162		
Date Assigned:	10/23/2015	Date of Injury:	03/29/2010
Decision Date:	12/11/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/20/2015

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 52-year-old female, with a reported date of injury of 03-29-2010. The diagnoses include lumbar central stenosis and claudication, low back pain, lumbar sprain and strain, and sciatica. The medical report dated 09-29-2015 indicates that the injured worker had a lumbar epidural steroid injection with "very good pain relief" so far. It was noted that immediately following the injection, her pain was rated 7 out of 10 versus 8 out of 10 prior to the injection. The injured worker's current pain rating was 2 out of 10. The injured worker described her pain as mostly aching in nature and located in the midline lumbosacral region. It was noted that the injured worker participated in physical therapy for her thoracic pain; and had 4-5 sessions with some improvement. The rest of the medical report was not included in the medical records. The medical records included 10 physical therapy reports from 05-13-2015 to 08-10-2015. The re-evaluation visit note dated 08-10-2015 indicates that the injured worker responded well to treatment; and demonstrated improved pain, range of motion, gait and body mechanics, and activity tolerance. It was noted that the injured worker stated that she hadn't had any radicular symptoms for about 3 weeks. The treating provider indicated that the injured worker would benefit from continued treatment to further address her remaining deficits. The injured worker's pain level was rated 4-9 out of 10 on 05-13-2015 and 4-6 out of 10 on 08-10-2015. It was noted that the injured worker was making good progress toward her functional goals. The diagnostic studies to date have not been included in the medical records. Treatments and evaluation to date have included Cymbalta, Neurontin, Flexeril, physical therapy, lumbar epidural steroid injection on 09-10-2015, and aqua aerobics (good pain relief). The treating

physicians requested eight (8) physical therapy visits for the lumbar spine. On 10-09-2015, Utilization Review (UR) non-certified the request for eight (8) physical therapy visits for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 PT Visits 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: The records indicate the patient has complaints of ongoing low back pain. The current request for consideration is for 8 physical therapy visits for the lumbar spine. The most recent report for review is dated 9/29/15. The CA MTUS does recommend physical therapy as an option for chronic low back pain, at a decreasing frequency with a transition into independent home-based exercise. The guidelines do recommend for myalgia and myositis, unspecified: 9-10 visits over 8 weeks. In this case, the records indicate the patient has completed 10 visits of physical therapy between 5/13/15 and 8/10/15. There is no available documentation that discusses any special circumstances, which would justify an additional 8 physical therapy sessions. The current request exceeds the MTUS guidelines for physical therapy. The available physical therapy notes do indicate that the patient has improved functionally after ten sessions. However, the patient should be capable of transitioning into fully independent exercise at this time. The current request is not consistent with MTUS guidelines and is not medically necessary.