

Case Number:	CM15-0206849		
Date Assigned:	10/23/2015	Date of Injury:	04/08/2015
Decision Date:	12/11/2015	UR Denial Date:	10/07/2015
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, North Carolina
 Certification(s)/Specialty: Family Practice

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 44 year old female, who sustained an industrial injury on 4-8-2015. The injured worker was being treated for unspecified discitis in the lumbar region, sprain of ligaments of the lumbar spine, multilevel lumbar disc herniations, left lower extremity radiculopathy, and low back pain. The injured worker (8-20-2015, 8-26-2015, 9-16-2015, and 10-7-2015) reported ongoing lumbar spine pain radiating to the bilateral legs, which is unchanged. The injured worker reported her current medications, including topical pain, muscle relaxant, antidepressant, proton pump inhibitor, and non-steroidal anti-inflammatory are helping. The medical records show the subjective pain rating from 9 out of 10 on 8-20-2015 and 8-26-2015, and 8 out of 10 on 9-16-2015 and 10-7-2015. The physical exam (8-20-2015, 8-26-2015, 9-16-2015, and 10-7-2015) reveals decreased lumbar spine range of motion, tenderness to palpation of the bilateral paraspinal muscles and hypertonicity on the left, and tenderness to palpation of the quadratus lumborum muscle and hypertonicity on the left. The treating physician noted tenderness to palpation of the lumbar spine, a positive left straight leg raise, positive bilateral Kemp's test, and ability to heel and toe walk. The MRI of the lumbar spine (4-29-2015) stated that there was a 6 mm central disc protrusion at lumbar 2-3 without significant neural foraminal narrowing or canal stenosis, a 4mm right paracentral disc protrusion with superior extension at lumbar 3-4, a 3 mm central disc protrusion at lumbar 4-5 superimposed on a 2 mm bulge, and disc desiccation and a 3 mm central disc bulge with annular tear at lumbar 5-sacral 1, without significant neural foraminal narrowing or canal stenosis at lumbar 1-sacral 1. Treatment has included at least 4 sessions of physical therapy, at least 5 sessions of chiropractic therapy,

work restrictions, lumbar injections, a non-steroidal steroid injection, and medications including topical pain, muscle relaxant, antidepressant, proton pump inhibitor, and non-steroidal anti-inflammatory. Per the treating physician (10-7-2015 report), the injured worker was to return to modified work with restrictions that included lifting, pushing, and pulling limited to 10 pounds and no stooping or bending. However, the treating physician noted the injured worker was not currently working. The treatment plan included 8 sessions of physical therapy in addition to the remaining 3 sessions. On 10-7-2015, the original utilization review non-certified a request for 8 sessions (2 times a week for 4 weeks) of physical therapy 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 4 weeks 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: In this case, the request is for additional physical therapy (PT), twice weekly for four weeks, to treat chronic low back pain. Prior treatments has included 21 sessions of PT for the low back, which exceeds recommended guidelines. There is no documentation of objective functional improvement with prior PT. It is unclear what rationale is being applied to justify additional PT. In addition, the patient should have had ample time to be instructed in a home exercise program. Therefore the request is not medically necessary or appropriate.