

Case Number:	CM15-0207244		
Date Assigned:	10/26/2015	Date of Injury:	09/23/2011
Decision Date:	12/07/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/21/2015

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 59 year old female, who sustained an industrial injury on 9-23-11. The injured worker was diagnosed as having lumbar radiculopathy, lumbar degenerative disc disease and low back pain. Subjective findings (4-27-15, 6-1-15, 7-13-15 and 8-14-15) indicated 5 out of 10 pain with medications and 7-8 out of 10 pain without medications. The injured worker reported that her activity level has remained the same. Objective findings (4-27-15, 6-1-15, 7-13-15 and 8-14-15) revealed no limitation in lumbar range of motion and trigger points with radiating pain and twitch response on palpation at the lumbar paraspinal muscles on the right. As of the PR2 dated 9-14-15, the injured worker reports 6 out of 10 pain with medications and 7 out of 10 pain without medications. Objective findings include no limitation in lumbar range of motion and trigger points with radiating pain and twitch response on palpation at the lumbar paraspinal muscles on the right. Treatment to date has included physical therapy (12 sessions) and 2015 (total number of sessions not provided), Ibuprofen, Norco, Percocet and Flexeril. The Utilization Review dated 9-24-15, non-certified the request for physical therapy x 6 sessions for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 6 sessions for the low back: 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: Time-limited care plan with specific defined goals, assessment of functional benefit with modification of ongoing treatment based upon the patient's progress in meeting those goals and the provider's continued monitoring of successful outcome is stressed by MTUS guidelines. Therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. Submitted reports have no acute flare-up or specific physical limitations to support for physical/ occupational therapy. The Chronic Pain Guidelines allow for 9-10 visits of therapy with fading of treatment to an independent self-directed home program. It is unclear how many PT sessions have been completed; however, the submitted reports have not identified clear specific functional improvement in ADLs, functional status, or decrease in medication and medical utilization from the formal physical therapy already rendered to support further treatment. There has not been a change in neurological compromise or red-flag findings demonstrated for PT at this time for this 2011 injury. Submitted reports have also not adequately identified the indication to support for excessive quantity of PT sessions without extenuating circumstances established beyond the guidelines. The Physical therapy x 6 sessions for the low back is not medically necessary and appropriate.