

Case Number:	CM15-0207272		
Date Assigned:	10/26/2015	Date of Injury:	06/20/1994
Decision Date:	12/21/2015	UR Denial Date:	10/13/2015
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: 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 50-year-old female injured worker suffered an industrial injury on 6-20-1994. The diagnoses included lumbar radiculopathy, post-laminectomy syndrome, low back pain, sacroiliac dysfunction and depression. On 9-3-2015, the provider reported lower back pain, left hip pain and right hip pain that had increased since last visit rated 8 out of 10 that was intermittent. The pain increased to 9 frequently. The injured worker noted she was tolerating her medication, TENS unit, heat, ice and Ibuprofen. The provider reported she had a CT of the lumbar spine and x-rays of the lumbar spine and hips. The provider noted she had 12 physiotherapy sessions up to date with the last session was 4-8-2014. The injured worker noted she had run out of the Diclofenac and had been having increased pain in the right lower back radiating down the right leg into the feet and toes. She had been taking Naproxen since running out and it did not help as much. The provider recommended continuing Diclofenac, restarting Lyrica, additional physical therapy. Medication in use was Bupropion, Lyrica, Lidoderm patch, Tizanidine and Diclofenac. On exam, the gait was slow, reduced lumbar range of motion. She had difficulty getting on and off the exam table. She had difficulty sitting going to standing and from standing to sitting. Request for Authorization date was 10-5-2015. Utilization Review on 10-13-2015 determined modification for Physical therapy to the lumbar, 2 times a week for 6 weeks, quantity: 12 sessions to #6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the lumbar, 2 times a week for 6 weeks, quantity: 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Physical Medicine Guidelines Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The requested amount of physical therapy is in excess of California chronic pain medical treatment guidelines. The patient has already completed a course of physical therapy. There is no objective explanation why the patient would need excess physical therapy and not be transitioned to active self-directed physical medicine. The request is not medically necessary.