

Case Number:	CM15-0208308		
Date Assigned:	10/27/2015	Date of Injury:	08/06/2007
Decision Date:	12/15/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/22/2015

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 54 year old female, who sustained an industrial injury on 8-6-07. The injured worker was diagnosed as having myofasciitis, lumbar discopathy and sciatica. Subjective findings (3-31-15, 5-15-15, 6-26-15 and 8-26-15) indicated 7 out of 10 pain in the lower back that radiates to the bilateral thighs. Objective findings (3-31-15, 5-15-15, 6-26-15 and 8-26-15) revealed tenderness to palpation in the lumbar spine, decreased range of motion and an antalgic gait. As of the PR2 dated 10-14-15, the injured worker reports 7 out of 10 pain in the lower back that radiates to the bilateral thighs. Objective findings include tenderness to palpation in the lumbar spine, decreased range of motion and an antalgic gait. Treatment to date has included Lidoderm patch, Norco, acupuncture x 18 sessions, a lumbar MRI (date of service not provided) and an EMG-NCV (date of service not provided). The Utilization Review dated 10-16-15, modified the request for physical therapy x 12 sessions to physical therapy x 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 12 sessions: 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 that the patient has ongoing low back pain with pain traveling into the lower extremities, left greater than right. The current request for consideration is physical therapy 12 sessions. The attending physician in his report dated 10/14/15, page (294b), offers no discussion to justify additional physical therapy. The CA MTUS does recommend physical therapy for chronic low back pain and makes the following recommendations: The 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. For Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. In this case, the records indicate the patient has complete prior sessions of physical therapy. The number of completed physical therapy sessions remains unclear. The current request for 12 physical therapy sessions exceeds the CA MTUS guidelines, which recommend up to 10 visits over 8 weeks. While the patient may be a candidate for additional physical therapy, the 10/14/15 attending physician report provides no explanation for exceeding the guideline recommendations. There is no documentation that previous physical therapy resulted in improved functional benefit. As such, the available documentation does not establish the request for 12 physical therapy sessions and is not medically necessary.