

Case Number:	CM15-0020367		
Date Assigned:	02/09/2015	Date of Injury:	02/07/2005
Decision Date:	03/25/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/03/2015

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, Pain Management

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, who sustained an industrial injury on February 7, 2005. The diagnoses have included lumbar spine disc bulge with right S1 radiculopathy. Treatment to date has included H-wave machine, and medications including analgesic, muscle relaxant, and non-steroidal anti-inflammatory. The medical records refer to a course of physical therapy with therapeutic exercise, manual therapy, and electrical stimulation. Other treatment to date has included H-wave machine, and medications including analgesic, muscle relaxant, and non-steroidal anti-inflammatory. On October 24, 2014, the treating physician noted increased lower back pain with pain radiating down bilateral lower extremities, which is increased on the right side. The physical exam revealed lumbar muscle spasm and paraspinal area point tenderness, which increased on the right. There was pain with motion and, mildly decreased range of motion. The bilateral lower extremities motor exam was normal, there was decreased sensation to the right posterior thigh and lateral foot, and deep tendon reflexes were normal. The treatment plan included physical therapy. On January 30, 2015 Utilization Review modified a prescription for 12 visits (2 times a week for 6 weeks) of physical therapy for the lumbar spine to allow for 6 sessions. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times per week for 6 weeks to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation ODG Low Back updated 1/14/15 Physical therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend up to 10 sessions with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, there is no documentation of specific objective functional improvement with any previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, while a few PT sessions may be appropriate to treat an objective exacerbation, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.