

Case Number:	CM15-0029554		
Date Assigned:	02/25/2015	Date of Injury:	08/04/2014
Decision Date:	04/08/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/17/2015

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 60 year old female, who sustained an industrial injury on 8/04/2014. She has reported low back pain. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis, unspecified. Treatment to date has included conservative measures. Magnetic resonance imaging of the lumbar spine, dated 8/21/2014, showed moderate to severe degenerative disc disease at multiple levels, mild bilateral facet arthropathy, and multiple central protruded discs, with notation of left paracentral to left lateral extruded disc at L5-S1 interspace with compression of the S1 nerve root. Currently, the injured worker complains of low back pain with numbness and tingling to the left lower extremity. Prior sessions of physical therapy notes, most recently 12/24/2014 to 1/09/2015, were submitted. The progress note, dated 1/08/2015, noted a steady improvement, and physical exam noted a "reasonable motor and sensory examination". The progress note, dated 1/27/2015, noted an overall improvement in strength and motion. 12 additional therapy visits were recommended to restore strength. On 2/03/2015, Utilization Review modified a request for physical therapy 12 sessions, (2x6) to physical therapy 8 sessions (2x4), noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines.

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 6 weeks (12 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: The patient presents with low back pain radiating into the left lower extremity. The request is for PHYSICAL THERAPY 2 X A WEEK FOR 6 WEEKS (12 SESSIONS). Physical examination on 01/15/15 to the lumbar spine revealed tenderness to palpation in the lumbar region with spasm. Range of motion was decreased in all planes. Straight leg raise test was positive at 40 degrees in supine and sitting position. Patient's has completed 18 physical therapy sessions and had L5-S1 ESI on 11/11/14. Per 12/04/14 progress report, patient's diagnosis includes left L5-S1 extruded disc herniation, left S1 radiculopathy and multilevel disc degeneration. Patient's medications per 08/12/14 progress report include Levothroxine, Acetaminophen, Cyclobenzaprine, Nabumetone, and Polar Frost. Patient is temporarily totally disabled. MTUS pages 98,99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." The request is for 12 physical therapy sessions. In progress report dated 01/08/14, treater states that he would like patient to maximize nonoperative treatment prior to surgical intervention. UR letter dated 02/03/15 has modified the request to 8 sessions, stating that the patient should transition to a home exercise program. The request for 12 sessions of physical therapy would exceed guideline recommendation. Therefore, the request IS NOT medically necessary.