

Case Number:	CM15-0029652		
Date Assigned:	02/23/2015	Date of Injury:	11/23/2013
Decision Date:	04/10/2015	UR Denial Date:	02/04/2015
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 48 year old male, who sustained an industrial injury on November 23, 2013. He has reported bending over to lift a bundle of cardboard material, and felt something pop in his lower back. The diagnoses have included degenerative disc disease L5-S1 with facet arthropathy and foraminal stenosis, cervical spine sprain/strain, lumbar spine sprain/strain, and right shoulder contusion. Treatment to date has included epidural steroid injection (ESI), physical therapy, and medications. Currently, the injured worker complains of intermittent cervical spine pain, frequent lumbar spine pain, right shoulder pain, bilateral leg pain, and right side of face pain. An orthopedic evaluation dated December 17, 2014, noted the injured worker with a normal gait, with +2 lumbar paraspinous muscle spasm and tenderness to palpation of the lumbar paraspinous muscles. Lumbar range of motion (ROM) was noted to cause low back pain. A lumbar spine MRI done in June 2014, was noted to show degenerative disc disease at L5-S1, facet arthropathy L5-S1, and bilateral foraminal stenosis L5-S1. On February 4, 2015, Utilization Review non-certified physical therapy 2-3 for 6 weeks for low back, noting that a few more visits should be sufficient to establish an ongoing independent home exercise program (HEP), therefore the request was modified to approve another 4 physical therapy visits over 2-3 weeks. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On February 17, 2015, the injured worker submitted an application for IMR for review of physical therapy 2-3 for 6 weeks for low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2-3 for 6 weeks for low back: Upheld

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

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

Decision rationale: The patient presents with pain in the low back radiating to lower extremities. The request is for PHYSICAL THERAPY 2-3 FOR 6 WEEKS FOR LOW BACK. The request for authorization was not provided. MRI of the lumbar spine 06/2014 shows degenerative disc disease, facet arthropathy and bilateral foraminal stenosis at L5-S1 Patient has had one epidural injection in the past that was not helpful. Patient was given electro shocks once a week for a total of six sessions. Patient underwent physical therapy and completed six sessions. Patient's medications include Flexeril, Prilosec, Tramadol and Menthoderm creams. Patient is not working. MTUS Chronic Pain Management Guidelines, 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." Per progress report dated 12/17/14, treater's reason for the request is for "doing core strengthening exercises." A short course of physical therapy would be indicated by guidelines given patient's symptoms. However, per progress report dated 12/17/14, treater states, "He underwent physical therapy for his lower back twice a week. He completed six sessions." Additionally, treater does not discuss any flare-ups, explain why on-going therapy is needed, or reason the patient is unable to transition into a home exercise program. Furthermore, the request for 18 additional sessions of physical therapy would exceed guideline recommendation for the patient's condition. Therefore, the request IS NOT medically necessary.