

Case Number:	CM15-0218037		
Date Assigned:	11/09/2015	Date of Injury:	06/18/2015
Decision Date:	12/21/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/05/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 45 year old male, who sustained an industrial injury on June 18, 2015. He reported right elbow, left low back, left hip and posterior head pain. The injured worker was diagnosed as having lumbar sprain, hip sprain, elbow sprain, head contusion, cervical sprain, fall from ladder and shoulder sprain. Treatment to date has included diagnostic studies and medication. On June 22, 2015, x-ray of the lumbar spine revealed minimal lumbar degenerative disc disease and minimal spurring. On July 29, 2015, the injured worker complained of pain in the low back associated with pain in the left leg combined with numbness in the lateral aspect. He also complained of headaches and dizziness. Physical examination of the neck revealed tenderness in the lower paracervical spine without any significant restriction of neck motion. Physical examination of the low back revealed tenderness in the lower left paralumbar at L5-S1 with a limitation of spine motion. Range of motion revealed flexion 45 degrees and extension 20 degrees. Sciatic stretch testing performed on the left side was positive. On September 18, 2015, the injured worker complained of pain in the region of the lower back extending down into his left leg. He reported no significant changes in his condition. Physical examination of the back revealed left paralumbar tenderness. The treatment plan included lumbar epidural injection times two, psychological consultation and physical therapy for the neck and low back at two times a week for four weeks. On October 26, 2015, utilization review denied a request for physical therapy two times per week for four weeks for the cervical and lumbar spine.

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 4 weeks for the cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Physical therapy. Low back section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times four weeks to the cervical and lumbar spine is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis are cervical strain any: and lumbar radiculopathy with disc protrusion. Date of injury is June 18, 2015. Request authorization is October 20, 2015. According to a physical therapy progress note date is September 21, 2015, the injured worker was receiving physical therapy visit #1 out of authorized #8. The worker received physical therapy to the cervical and lumbar spine and was instructed on home exercises. According to the most recent progress note dated October 9, 2015, the injured worker subjectively has experienced no significant interchange. There is ongoing low back pain that radiates to the left lower extremity. There is no cervical spine complaint. Objectively, there was lumbar spine paraspinal muscle tenderness. There is no cervical spine examination. According to the utilization review, the injured worker receives 20 physical therapy sessions. There was no documentation demonstrating objective optional improvement. There are no compelling clinical facts indicating additional physical therapy is clinically warranted. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation of 20 prior physical therapy sessions with no documentation demonstrating objective functional improvement and no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated, physical therapy two times per week times four weeks to the cervical and lumbar spine is not medically necessary.