

Case Number:	CM15-0218084		
Date Assigned:	11/10/2015	Date of Injury:	08/07/2014
Decision Date:	12/24/2015	UR Denial Date:	10/06/2015
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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 32 year old male, who sustained an industrial injury on 8-7-14. Medical records indicate that the injured worker is undergoing treatment for lumbar stenosis, right lumbar radiculopathy, lumbar sprain-strain and lumbar disc herniation at lumbar four-lumbar five-sacral one. The injured worker is currently not working. On (9-21-15) the injured worker was noted to have back pain with radiation to the right lower extremity. Examination of the lumbar spine revealed tenderness to palpation in the upper, mid and lower paravertebral muscles. Range of motion revealed flexion, right lateral bending, left lateral bending and right lateral rotation to be 20 degrees, left lateral rotation 25 degrees and extension 10 degrees. There was increased pain with range of motion. A straight leg raise and rectus femoris stretch sign did not demonstrate any nerve irritability. Sensation was decreased in the bilateral lower extremities in the lumbar five distributions. Trace weakness was also noted in the right Extensor Halluces Longus and tibialis anterior. Treatment and evaluation to date has included medications, MRI of the lumbar spine, electromyography-nerve conduction study, physical therapy (unspecified amount), acupuncture treatments, chiropractic treatments and a functional restoration program. Prior physical therapy notes were not provided for review. However, physical therapy was noted to provide a temporary response. Current medications include Robaxin, Lisinopril, Aspirin 81mg, Atorvastatin Calcium, Metformin and Humulin R and Humulin N insulin. The Request for Authorization dated 9-30-15 included a request for a physical therapy evaluation and treatment times twenty-four. The Utilization Review documentation dated 10-6-15 non-certified the request for a physical therapy evaluation and treatment times twenty-four.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy eval and treatment x 24: 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 MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time (fading) should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted records indicated the worker was experiencing lower back pain. There was no discussion describing the reason therapist-directed physical therapy would be expected to provide more benefit than a home exercise program at or near the time of the request. Further, the request was for a large number of sessions, which would not account for changes in the worker's care needs or be supported by the Guidelines. For these reasons, the current request for twenty-four physical therapy evaluation and treatment sessions for an unspecified issue done with an unspecified frequency is not medically necessary.