

Case Number:	CM15-0218151		
Date Assigned:	11/10/2015	Date of Injury:	09/23/2003
Decision Date:	12/29/2015	UR Denial Date:	10/23/2015
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, Hawaii
 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:

This is a 64-year-old female with a date of injury of September 23, 2003. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar strain, lumbar spine pain and weakness, spasm of the lumbar paraspinal muscle, lumbar disc bulge without myelopathy, and intervertebral disc disorder with radiculopathy of the lumbar region. Medical records dated June 24, 2015 indicate that the injured worker complained of lower back pain with radiation down the left lower extremity. A progress note dated October 7, 2015 documented complaints of lower back pain radiating down the right lower extremity. Per the treating physician (October 7, 2015), the employee was retired. The physical exam dated June 24, 2015 reveals spasm of the left lower lumbar region, point tenderness upon palpation about the left lower lumbar area, decreased and painful range of motion, and positive Lasegue's on the left. The progress note dated October 7, 2015 documented a physical examination that showed spasm of the right lower lumbar region, point tenderness upon palpation about the right lower lumbar area, decreased and painful range of motion, and positive Lasegue's on the right. Treatment has included medication injections and transcutaneous electrical nerve stimulator unit. The utilization review (October 23, 2015) non-certified a request for twelve sessions of physical therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x4 (Lumbar Spine): 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 medical records indicate the patient has ongoing low back pain radiating down the bilateral lower extremities. The current request is for physical therapy 3 x4 (lumbar spine). In the 10/7/15 progress report, the attending physician requests the physical therapy as the patient has spasm, weakness and/or pain. Physical therapy will include US, massage, therapeutic exercise, and decompression 3 x/wk x4 weeks for the lumbar spine. The CA MTUS does recommend physical therapy for low back pain as an option. Physical Medicine Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. In this case, the patient is in the chronic stage of her condition. The attending physician makes no mention of an acute exacerbation. Records indicate the patient has already completed a course of physical therapy. The available records offer no discussion of the functional benefit received from previous physical therapy or the number of sessions. The current request exceeds MTUS guidelines without any discussion of extraordinary circumstances which would justify exceeding MTUS guidelines. As such, the request is not appropriate and not medically necessary.