

Case Number:	CM15-0221007		
Date Assigned:	11/16/2015	Date of Injury:	11/26/2014
Decision Date:	12/31/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/09/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 30 year old female who sustained a work related injury on 11-26-14. A review of the medical records shows she is being treated for low back pain. In the progress notes dated 8-26-15 and 10-14-15, the injured worker reports lumbar spine pain. She rates the pain level a 7 out of 10. She is not able to sleep. She reports "taking Flexeril to sleep." Upon physical exam dated 10-14-15, she has tenderness to paralumbar muscles. Lumbar range of motion not assessed due to her pain. Treatments have included lumbar epidural steroid injections x 2, last one on 10-7-15 with "leg pain gone but back pain increased", physical therapy- 16 sessions were certified, no documentation of benefit from therapy, massage, and medications. Current medications include Flexeril and Norco. She is temporarily totally disabled. The treatment plan includes recommending post epidural steroid injection physical therapy. The Request for Authorization dated 10-14-15 has a request for physical therapy post epidural steroid injection. In the Utilization Review dated 10-26-15, the requested treatment of physical therapy x 8 sessions for the lumbar spine post epidural steroid injection was modified to physical therapy x 2 sessions for the lumbar spine post epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 8 sessions for the lumbar spine post - epidural steroid injection, twice a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & chronic); Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Guidelines recommend up to 10 visits to address chronic conditions and up to 1-2 visits over a 1-week period for patients s/p spinal injections. Based on documentation, 2 PT visits would be reasonable following the patient's epidural injection on 10/7/15. The request for 8 sessions of physical therapy for the lumbar spine post-epidural steroid injection is not medically necessary.