

Case Number:	CM15-0225553		
Date Assigned:	11/24/2015	Date of Injury:	02/27/2014
Decision Date:	12/31/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/17/2015

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, 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 46 year old female, who sustained an industrial injury on 02-27-2014. She has reported injury to the low back. The diagnoses have included lumbar strain; lumbar spine pain; lumbar spine weakness; spasm of lumbar paraspinal muscle; bulge of lumbar disc without myelopathy; and intervertebral disc disorder with radiculopathy of lumbosacral region. Treatment to date has included medications, diagnostics, lumbar support brace, nerve block, and physical therapy. Medications have included Ibuprofen, Naproxen, Tramadol, and Pantoprazole. A progress note from the treating physician, dated 10-08-2015, documented a follow-up visit with the injured worker. The injured worker reported that she continues to have ongoing pain and spasm to her low back with pain radiating across her right lateral thigh and right buttock area; most activities aggravated her low back with any lifting, stooping, or twisting activities; and she has some improvement with the nerve block, administered by the pain management physician. Objective findings included there is spasm in the right lower lumbar area; "the patient complains of increased pain with motion"; there is paraspinal tenderness present about the right lower lumbar region; Lasegue's test is positive to the right; decreased ranges of motion of the lumbar spine; and there is decreased sensation to the right posterior and lateral thigh, as well as the dorsal and plantar surfaces of the bilateral feet. The physical therapy note, dated 10-01-2015, documented "significant muscle guarding to the bilateral lumbar spine paraspinals and piriformis region during STM (soft tissue mobilization) today; patient understood her home exercise program handout and demonstrated good knowledge of her exercises in the clinic today". It is noted that "upon completion of her 2 authorized therapy sessions, goal met (for) patient to have a good understanding of her home exercise program with proper body mechanics

as to be able to safely perform an independent home exercise program". The treatment plan has included the request for continue physical therapy 3 times a week for 4 weeks to the lumbar spine. The original utilization review, dated 10-21-2015, non-certified the request for continue physical therapy 3 times a week for 4 weeks to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue physical therapy 3 times a week for 4 weeks to the lumbar spine: 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 Chapter, Physical therapy.

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) Low back section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, continue physical therapy three times per week times four weeks to the 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 exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are lumbar strain; lumbar spine pain; lumbar spine weakness; spasm lumbar paraspinal muscle; lumbar disc bulge without myelopathy; and inter-vertebral disc disorder with radiculopathy of lumbosacral region. Date of injury is February 27, 2014. Request for authorization is October 15, 2015. The documentation indicates certification of two physical therapy sessions on March 20, 2015 and September 23, 2015. According to a physical therapy progress note dated October 1, 2015, the injured worker met physical therapy goals and was instructed on a home exercise program. According to an October 8, 2015 progress note, subjective complaints include ongoing low back pain that radiates to the bilateral lower extremity with spasms. Objectively, there is spasm in the lower lumbar and paraspinal right lower lumbar region. There is decreased range of motion. There are no compelling clinical facts in the medical record to support additional physical therapy. As noted above, according to the physical therapist, the injured worker met physical therapy goals and was instructed on a home exercise program. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no compelling clinical facts indicating additional physical therapy is clinically indicated with documentation the injured worker met her physical therapy goals (October 1, 2015 physical therapy progress note), continue physical therapy three times per week times four weeks to the lumbar spine is not medically necessary.