

Case Number:	CM15-0226081		
Date Assigned:	11/24/2015	Date of Injury:	12/15/1991
Decision Date:	12/31/2015	UR Denial Date:	10/29/2015
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: 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 57 year old female, who sustained an industrial injury on 12-15-91. The injured worker is diagnosed with lumbar spondylosis, neuropathy, facet syndrome and lumbar pain. Notes dated 5-13-15 and 6-23-15 reveals the injured worker presented with complaints of constant low back and hip pain that radiates to her leg and is associated with numbness, tingling and weakness. The pain is described as aching, burning, dull, electric, hotness, sharp, stabbing and throbbing and is rated at 4-7 out of 10. The pain is increased with bending, cold weather, inactivity, lifting, physical activity, sitting, standing, twisting and use of limbs. The pain is decreased with exercise, ice packs, injection therapy, lying down and medication. She reports the pain interferes with her ability to participate in social and recreational activities and activities of daily living. Physical examinations dated 5-13-15 and 6-23-15 revealed lumbar spine tenderness to palpation with spasms noted, decreased range of motion and positive sitting straight leg raise bilaterally and positive reverse straight leg raise bilaterally. There is decreased strength in the lower extremities bilaterally and sensation is within normal limits. Treatment to date has included bilateral radiofrequency ablation at L4-L5 and L5-S1 and trigger point injections helped to relieve her pain, per noted dated 6-23-15 and medications relieve her pain per note dated 5-13-15. Diagnostic studies include urine toxicology screen. A request for authorization for lumbosacral physical therapy 2x6 is non-certified, per Utilization Review letter dated 10-29-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x6 Lumbosacral: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy.

Decision rationale: According to the California MTUS Treatment guidelines, physical therapy (PT) is indicated for the treatment of musculoskeletal pain. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Per ODG, patients should be formally assessed after a "6-visit trial" to see progress made by patient. When the duration and/or number of visits have exceeded the guidelines, exceptional factors should be documented. Additional treatment would be assessed based on functional improvement and appropriate goals for additional treatment. In this case, there are no physical exam findings provided to determine whether or not the patient would benefit from the requested physical therapy sessions to the lumbosacral spine. Medical necessity for the requested physical therapy sessions (2x6) has not been established. The requested services are not medically necessary.