

Case Number:	CM15-0030277		
Date Assigned:	02/23/2015	Date of Injury:	08/20/2014
Decision Date:	04/07/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/18/2015

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:

The injured worker is a 36 year old female, who sustained an industrial injury on August 20, 2014. She has reported sustaining and injury when catching an elderly man from falling, feeling a popping in the mid back. The diagnoses have included right lumbosacral strain, right lumbosacral radiculopathy, facet arthropathy at L3-L4, L4-L5, and L5-S1, and cyst near T7. Treatment to date has included physical therapy, bracing, and medications. Currently, the injured worker complains of mid and low back pain. The Treating Physician's report dated January 21, 2015, noted the injured worker listing to the left, with spasms in the lumbar spine, particularly on the right side, with tenderness to palpation across the right low back, buttocks, and right posterior thigh. Straight leg raise was positive on the right side. A lumbar MRI dated October 17, 2014, was noted to show circumferential bulges at L3-L4, L4-L5, and L5-S1 without significant stenosis, and bilateral facet arthropathy at L3-L4, L4-L5, and L5-S1. On January 28, 2015, Utilization Review non-certified physical therapy 2x6 lumbar spine, noting that the injured worker had attended at least 16 physical therapy visits, with no indication that she would require additional formal physical therapy visits at that time. The Colorado Medical Treatment Guidelines was cited. On February 18, 2015, the injured worker submitted an application for IMR for review of physical therapy 2x6 lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x6 lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Colorado Medical Treatment Guidelines, Rule 17, Exhibit 1.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The patient presents with pain affecting the low back. The current request is for Physical Therapy 2x6 lumbar spine. There is no documentation submitted that indicates that the patient is in a post-surgical time frame requiring physical therapy. The treating physician states, "It does appear that she has strained the muscles in her low back and maybe has irritated the nerves. For now, I request authorization for the patient to undergo 12 sessions of physical therapy directed to her low back." (43C) The utilization review doctor documented that the patient was previously approved for 18 visits for the low back and to date has attended 16 visits. (10C) The MTUS guidelines allow 8-10 sessions of physical therapy for myalgia and neuritis type conditions. In this case, the treating physician has requested an amount which would exceed the MTUS guidelines. The current request is not medically necessary and the recommendation is for denial.