

Case Number:	CM15-0032500		
Date Assigned:	02/26/2015	Date of Injury:	02/18/2000
Decision Date:	04/10/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/20/2015

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

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 52-year-old female, who sustained an industrial injury on 02/18/2000. She has reported low back pain. The diagnoses have included degeneration of cervical intervertebral disc; low back pain; degeneration of lumbosacral intervertebral disc; and carpal tunnel syndrome. Treatment to date has included medications, lumbar trigger point injection; lumbar epidural steroid injection; and home exercise program. Medications have included Naproxen, Lyrica, and Lidoderm patches. A progress note from the treating physician, dated 01/09/2015, documented a follow-up visit with the injured worker. The injured worker reported worsening bilateral low back pain; pain is constant and rated at 9/10 on the visual analog scale; and pain is associated with bilateral lower extremity weakness, numbness, and tingling. Objective findings included tenderness to palpation over the lumbar paraspinal muscles overlying the facet joints and sacroiliac joints on both sides; and there is limited lumbar spine range of motion. The plan of treatment included the request for physical therapy. On 02/18/2015, Utilization Review modified a prescription for 6 physical therapy, to 2 physical therapy visits. The CA MTUS and the ODG were cited. On 02/20/2015, the injured worker submitted an application for IMR for review of a prescription for 6 physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 physical therapy: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy.

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

Decision rationale: The patient was injured on 02/18/2000 and presents with low back pain. The request is for 6 physical therapy visits. The utilization review denial rationale is that "the evidence-based guidelines allow for 1 to 2 physical therapy visits post injection". Therefore, the perspective request for 6 physical therapy visits is recommended certified with modification to allow for 2 physical therapy visits recommended certified. The RFA is dated 01/13/2014, and the patient's work status is not known. On 02/02/2015, the patient underwent a right and left L5-S1 transforaminal epidural steroid injection. The patient is diagnosed with low back pain and degeneration of lumbosacral intervertebral disc. Review of the reports provided does not indicate if the patient has had any prior physical therapy visits and the report with the request is not provided. MTUS pages 98 and 99 has the following: "Physical medicine: Recommended as indicated below: Allow for fading of treatment frequency (from up to 3 visits per week or 1 or less), plus active self-directed home physical medicine." MTUS Guidelines pages 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. In this case, the treater is requesting for a total of 6 sessions of physical therapy. It does not appear that the patient has had any recent prior physical therapy. The requested 6 sessions of therapy is within MTUS Guidelines. Therefore, the requested physical therapy is medically necessary.