

Case Number:	CM15-0035369		
Date Assigned:	03/03/2015	Date of Injury:	10/05/2010
Decision Date:	04/10/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/25/2015

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: Preventive Medicine, Occupational 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 59 year old female, who sustained an industrial injury on 10/5/10. She has reported low back pain after reaching up to grab laminate that was falling. The diagnoses have included displacement of lumbar intervertebral disc without myelopathy, lumbar facet arthropathy, lumbar radiculitis, headaches, bilateral foot plantar fasciitis and chronic pain. Treatment to date has included medications, diagnostics and radiofrequency rhizotomy. Currently, the injured worker complains of increased symptoms with constant low back pain. There was pain in the upper back and tailbone which radiates to legs, left greater than right and associated with numbness and tingling. She described the feet as having constant pain with weakness and trouble with weight bearing. Physical exam of the lumbar spine revealed tenderness to palpation over the lumbar, right gluts, posterior right lower extremity, and right foot. There was decreased sensation to light touch over the bilateral lower extremities. Magnetic Resonance Imaging (MRI) of the lumbar spine dated 9/19/13 revealed disc bulge with encroachment of the nerve roots, degenerative disc disease (DDD), and facet arthropathy. The current medications included Levothyroid, Cozaar and Gabapentin. The injured worker was experiencing a flare- up of pain symptomology to the lumbar spine and bilateral feet. The recommendation was for physical therapy to the lumbar spine and bilateral feet. The work status was permanent disability. On 2/18/15 Utilization Review non-certified a request for Physical Therapy: 2 times a week x 6 weeks (Lumbar Spine, Left/Right Foot), noting the (MTUS) Medical Treatment Utilization Schedule chronic pain Physical Medicine pages 98 and 99 were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy: 2 x 6 weeks (Lumbar Spine, Left/Right Foot): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 and 99.

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

Decision rationale: The MTUS recommends passive therapy only during the early phases of the treatment and when they can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. The age of the patient's claim does not meet the requirement of the early phase of treatment. Physical Therapy: 2 x 6 weeks (Lumbar Spine, Left/Right Foot) is not medically necessary.