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| Case Number: | CM15-0036893 | | |
| Date Assigned: | 03/05/2015 | Date of Injury: | 10/06/2014 |
| Decision Date: | 04/16/2015 | UR Denial Date: | 02/19/2015 |
| Priority: | Standard | Application Received: | 02/26/2015 |

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, Pain Management

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 47 year old male, who sustained an industrial injury on 10/06/2014. He has reported low back pain. The diagnoses have included displacement lumbar intervertebral disc without myelopathy; congenital spondylolisthesis; and left shoulder sprain. Treatment to date has included medications, epidural steroid injection, and physical therapy. A progress note from the treating physician, dated 02/05/2015, documented a follow-up visit with the injured worker. The injured worker reported continued low back pain; left shoulder pain improved after epidural injection. Objective findings included posterior tenderness of the left shoulder with intact range of motion; tightness in the left shoulder as the injection is starting to wear off; and tenderness of the left and right lower lumbar spine and left sacral notch. The treatment plan has included physical therapy for the low back and left shoulder. On 02/19/2015 Utilization Review non-certified a prescription for Additional Physical therapy x 6. The CA MTUS was cited. On 02/26/2015, the injured worker submitted an application for IMR for review of a prescription of Additional Physical therapy x 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy x 6 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

Decision rationale: With regard to the request for additional physical therapy, the California Medical Treatment Utilization Schedule recommends transition from formal physical therapy to self-directed home exercises after a full course of therapy. Future therapy may be warranted if the patient has not had a full course of therapy. For myalgia, radiculitis or neuritis, up to 10 visits of formal PT is the recommendation by the Chronic Pain Medical Treatment Guidelines. However, in this case, the lumbar spine diagnoses are not directly addressed by the MTUS, and the ODG has more specific guidelines regarding this worker's condition. In the case of injured worker, there is documentation of lumbar radiculitis. According to the ODG, "Sciatica; Thoracic/lumbosacral neuritis/radiculitis, unspecified (ICD9 724.3; 724.4)" should warrant 10-12 visits over 8 weeks." So although there is documentation of a prior 6 certified sessions of PT without clear explanation of outcome, the additional 6 sessions should be consider part of a standard initial PT program for this particular lumbar pathology. Given this, the PT is medically necessary.