

Case Number:	CM15-0039915		
Date Assigned:	03/10/2015	Date of Injury:	09/17/2012
Decision Date:	04/23/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/03/2015

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 47 year old male, who sustained an industrial injury on September 17, 2012. He reported abdominal pain and lower back pain. The injured worker was diagnosed as having lumbago and status post umbilical hernia surgery. Treatment to date has included surgery, diagnostic studies and medications. On November 18, 2014, the injured worker complained of lumbar pain with radiation down his leg. He reported pain in his lower back that sometimes radiates to the left buttock or front of the hip on the right side. His lower back pain is described as sharp and throbbing all the time. Physical examination revealed some pain with lateral flexion of the lumbar spine bilaterally. Tenderness was noted on palpation of the lumbar spine. Future medical care included physical therapy for the lumbar spine, referral to a spine specialist to address the issue of lumbar epidural steroid injection, spine surgery consultation and possible functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of Physical Therapy, 3 per week for 4 weeks to the Lumbar Spine: Upheld

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

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

Decision rationale: This patient has a date of injury of 09/17/12 and presents with chronic low back pain with radiation to both lower extremities. The current request is for 12 SESSIONS PHYSICAL THERAPY, 3 PER WEEK FOR 4 WEEKS TO THE LUMBAR SPINE. This patient presents with right sided low back pain that radiates into the buttocks. The MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." The physician states that QME recommended 6 PT sessions but "the recommended six visits is not sufficient; therefore, I am requesting for 12 prescribed visits for the lower back." There are no physical therapy reports provided for review. The medical reports indicate physical therapy as a prior treatment for this patient's chronic pain. The exact number of completed physical therapy visits to date and the objective response to therapy were not documented in the medical reports. In this case, the current request for 12 sessions exceeds what is recommended by MTUS, and there is no report of recent surgery, new injury, new diagnoses, or new examination findings to substantiate the current request. The requested physical therapy IS NOT medically necessary.