

Case Number:	CM15-0046077		
Date Assigned:	03/18/2015	Date of Injury:	08/09/2006
Decision Date:	04/23/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/11/2015

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 44-year-old female who sustained an industrial injury on 08/09/2006. Current diagnoses include chronic lower back pain with muscle spasm and radiculopathies, radiculopathic pain radiating from the lumbar sacral spine to both extremities, opioid induced constipation, pain induced depression, and gastrointestinal irritation and gastro-esophageal reflux disorder. Previous treatments included medication management and physical therapy. Report dated 01/15/2015 noted that the injured worker presented with complaints that included chronic lower back pain with muscle spasm and radiculopathy. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included continue medications, increase activities of daily living after analgesic control has improved, increase independent exercise, reduce sleep disorder, reduce affective disorder of depression, anxiety, and cognitive loss of focus, and re-evaluate in one month. Requested item included 8 sessions of physical therapy to focus on home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Sessions of Physical Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59.

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 08/09/06, presents chronic low back pain, and muscle spasms with radiating pain to the lower extremities. The Request for Authorization is not provided in the medical file. The current request is for 8 sessions of physical therapy. 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 medical file provided for review includes progress reports from 08/28/14 through 01/15/15 and provides no discussion regarding this request. The Utilization review references a progress report dated 02/12/15, which was not provided for my review. According to this report, the patient has not "restarted an independent exercise program since her Oxycontin has been restarted." Physical therapy was requested to reduce her chronic pain. The patient's treatment history includes medications and physical therapy. There are no physical therapy reports provided for review. 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 patient has participated in prior physical therapy, and there is no report of recent surgery, new injury, new diagnoses, or new examination findings to substantiate the current request. Furthermore, the treating physician has not provided any discussion as to why the patient would not be able to transition into a self-directed home exercise program. The requested physical therapy is not medically necessary.