

Case Number:	CM15-0050204		
Date Assigned:	03/23/2015	Date of Injury:	12/31/2007
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/17/2015

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 53 year old male, who sustained an industrial injury on December 31, 2007. The injured worker had reported low back pain. The diagnoses have included lumbar herniated nucleus pulposus, bilateral radiculopathy and arachnoiditis. Treatment to date has included medications, radiological studies and a lumbar laminectomy. Current documentation dated February 24, 2015 notes that the injured worker reported low back pain radiating to the bilateral lower extremities. Associated symptoms included tightness and a burning sensation of the lower extremities. The injured worker noted that his current medications do not help the pain. Physical examination of the lumbar spine revealed cramping during the examination. Sensation to light touch was decreased and a straight leg raise test was positive. Range of motion was painful and decreased. The treating physician's plan of care included a request for physical therapy to the lumbar spine to work on strengthening so the injured worker can improve his function and activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 4 weeks to lumbar: Upheld

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

for Workers' Compensation, Low Back Procedure Summary online version last updated 01/30/2015.

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 12/31/07 and presents with low back pain and burning sensation in the bilateral legs. The current request is for PHYSICAL THERAPY 2 TIMES A WEEK FOR 4 WEEKS TO LUMBAR. 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." On 02/24/15, the treating physician recommended physical therapy "to improve/work on strengthening so we can work/improve function with day to day activities." There are only two progress reports provided for review and no further discussion regarding previous PT. The exact number of completed physical therapy visits to date and the objective response to therapy were not documented in the medical reports. The patient has a date of injury dating back to 2007 and has likely participated in some physical therapy in the past. In this case, 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 participate in a self-directed home exercise program for "strengthening." The requested physical therapy IS NOT medically necessary.