

Case Number:	CM15-0056004		
Date Assigned:	04/01/2015	Date of Injury:	02/15/2012
Decision Date:	05/05/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/24/2015

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 60-year-old female, who sustained an industrial injury on 02/15/2012. She has reported injury to the low back, left arm, and left shoulder. The diagnoses have included thoracic sprain/strain; lumbar sprain/strain; lumbosacral spondylosis; and lumbar disc displacement without myelopathy. Treatment to date has included medications, epidural steroid injection, acupuncture, functional restoration program, and physical therapy. Medications have included Relafen, Norflex, Buprenorphine, and Pantoprazole. A progress note from the treating physician, dated 03/02/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of persistent neck, back, and left shoulder pain; good benefit from the lumbar epidural steroid injection; and has some residual pain radiating into her left buttock. Objective findings included mildly antalgic gait. The treatment plan has included prescription medications and the request for physical therapy 2 times a week for 6 weeks (12 sessions) low back.

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 6 weeks (12 sessions) low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 99.

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

Decision rationale: The patient presents with neck, back, and left shoulder pain. The request is for PHYSICAL THERAPY 2 TIMES A WEEK FOR 6 WEEKS (12 SESSIONS) LOW BACK. The RFA provided is dated 03/11/15. Patient's diagnosis included thoracic sprain/strain; lumbar sprain/strain; lumbosacral spondylosis; and lumbar disc displacement without myelopathy. Patient is permanent and stationary. MTUS 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 over 4 weeks are recommended." Review of the medical reports indicates that the patient has had at least 9 PT sessions (location unspecified) with improvements. Treater is requesting 12 additional sessions of physical therapy but no rationale is provided. The reports do not show any documentation regarding how the previous PT sessions have been beneficial in terms of pain reduction and improved functionality. Treater does not explain why on-going therapy is needed and why the patient is unable to transition into a home exercise program. Furthermore, the requested 12 additional sessions exceed what is allowed per MTUS. Therefore, the request IS NOT medically necessary.