

Case Number:	CM15-0056367		
Date Assigned:	04/01/2015	Date of Injury:	03/06/2014
Decision Date:	05/07/2015	UR Denial Date:	03/18/2015
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, Hawaii
 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 48 year old female, who sustained an industrial injury on 3/6/14. She reported initial complaints of low back. The injured worker was diagnosed as having lumbago; lumbar disc disorder; lumbar spinal disorder; lumbar disc protrusion; lumbar radiculopathy. Treatment to date has included physical therapy (x8 completed); home exercise program; MRI lumbar spine (4/11/14); EMG/NCV bilateral lower extremities (4/28/14); status post L4-5 interlaminar epidural steroid injection with epidurogram (10/13/14); drug screening for medical management; medications. Currently, per the PR-2 dated 2/11/15, the injured worker complains of low back pain is worse with physical therapy. However, the injured worker indicates the prescribed medications do help (Norco, naproxen and gabapentin). The injured worker then indicates that "physical therapy is helping overall and would like to continue". A bilateral L5- S1 transforaminal epidural steroid injection was recommended with continuation of the medications and physical therapy. There is a neurosurgical re-evaluation dated 2/12/15 that indicates physical therapy increased the injured worker's pain and was unable to drive afterwards. This note also documents an epidural steroid injection was completed in November 2014 with only two weeks relief of pain. The documentation of 2/12/15 indicates a discussion for possible surgical intervention for procedure to include laminectomy, facetectomies, and transforaminal lumbar interbody fusion may be an option if the injured worker fails the physical therapy and additional interventional pain management. The provider has requested 12 physical therapy sessions for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy sessions for the lumbar spine: Upheld

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

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

Decision rationale: The patient presents with pain affecting the lumbar spine. The current request is for 12 physical therapy sessions for the lumbar spine. The treating physician report dated 02/15/15 states, "She states that physical therapy has increased her pain and is unable to drive afterwards." (19B) The patient has not had any recent surgeries. The MTUS guidelines state, "They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process" and MTUS only allows 8-10 sessions of physical therapy. In this case, the treating physician has documented that the patient is not benefiting from physical therapy and the treating physician has not documented how many physical therapy visits the patient has completed. The current request is not medically necessary and the recommendation is for denial.