

Case Number:	CM15-0087080		
Date Assigned:	05/11/2015	Date of Injury:	02/14/2013
Decision Date:	06/22/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/07/2015

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 52-year-old female, who sustained an industrial injury on 2/14/13. She reported right side and left hand pain. The injured worker was diagnosed as having musculoligamentous strain of the lumbosacral area, protruded disc at L5-S1, facet syndrome at L5-S1 bilaterally, and right L5 radiculopathy. Treatment to date has included physical therapy, TENS, massage heat/ice application, home exercise, and medications. A physician's report dated 2/11/15 noted pain was rated as 6-10/10. Currently, the injured worker complains of pain in the back that radiates to the right leg. Bilateral hand pain and occasional headaches were also noted. The treating physician requested authorization for physical therapy 2x3 for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x3 for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The patient presents with low back pain radiating to lower extremity rated 8/10. The request is for physical therapy 2x3 for the low back. The request for authorization is dated 03/11/15. Pain is aggravated with prolonged walking, standing and sitting. Pain is alleviated with therapy and medication. The patient ambulates with a cane. Patient's medications include Prilosec and Tramadol. Per progress report dated 04/08/15, the patient is returned to modified work. 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." Treater does not discuss the request. In this case, given the patient's condition, a short course of physical therapy would be indicated. However, the treater does not discuss any flare-ups, explain why on-going therapy is needed, or reason the patient is unable to transition into a home exercise program. Per progress summary report dated 02/19/15, the patient attended 6 authorized visits of physical therapy. Per progress summary report dated 04/14/15, the patient attended 10 authorized visits of physical therapy. The request for 6 additional sessions of physical therapy would exceeds what is recommended by MTUS for non-post-op conditions. Therefore, the request is not medically necessary.