

Case Number:	CM15-0240219		
Date Assigned:	12/17/2015	Date of Injury:	06/13/2003
Decision Date:	01/21/2016	UR Denial Date:	11/12/2015
Priority:	Standard	Application Received:	12/09/2015

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 49 year old female who sustained an industrial injury on 6-13-2003. Medical records indicate the injured worker is being treated for low back pain radiating down to right leg secondary to disc herniation at L4-L5. Per the treating physician's progress report dated 10-28-2015 the injured worker reports she has done some physical therapy and is requesting more physical therapy. On physical exam the treating physician reports the injured worker has decreased tenderness to palpation, she has antalgic gait, motor is 4-5 for the right ankle dorsiflexion and toe extension, and sensation is intact to light touch but it is decreased in distribution of bilateral L5 and S1 nerve root. The treating physician is requesting additional physical therapy as this has been helping her. Per the treating physician's note dated 8-24-2015 the injured worker reports increased pain in her back, especially her right leg and recently had an epidural injection that gave her a few days of relief but the pain has returned. Treatment to date for the injured worker includes physical therapy and epidural injection. The UR decision dated 11-12-2015 non-certified the request for 12 additional 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:

Additional physical therapy for the lumbar spine #12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The 49 year old patient complains of low back pain radiating to the right leg, as per progress report dated 10/28/15. The request is for ADDITIONAL PHYSICAL THERAPY FOR THE LUMBAR SPINE # 12. There is no RFA for this case, and the patient's date of injury is 06/13/03. Diagnosis, as per progress report dated 10/28/15, included lower back pain radiating down to right leg, likely secondary to disc herniation at L4-5. Diagnoses, as per progress report dated 08/24/15, included moderate disc collapse at L5-S1 and discogenic disease at L3-4, L4-5 and L5-S1. The patient is temporarily totally disabled, as per the same report. MTUS Chronic Pain Management Guidelines 2009, 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." As per progress report dated 10/28/15, the patient "has done some physical therapy," and the treater is requesting for more therapy "as this has been helping her." The treater, however, does not discuss the impact of prior therapy on the patient's function. It is not clear why the patient has not transitioned to a home exercise regimen. Additionally, MTUS only allows for 8-10 sessions of physical therapy in non-operative cases, and the treater's request for 12 sessions exceeds that limit. Hence, the request IS NOT medically necessary.