

Case Number:	CM15-0242632		
Date Assigned:	12/22/2015	Date of Injury:	02/22/2005
Decision Date:	01/25/2016	UR Denial Date:	12/02/2015
Priority:	Standard	Application Received:	12/14/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 56 year old female who sustained an industrial injury on 2-22-2005. A review of medical records indicates the injured worker is being treated for lumbar radiculopathy, lumbar disc degeneration, lumbar muscle strain, and chronic low back pain. Medical records dated 11-20-2015 noted severe low back pain and discomfort. Her activities were very limited due to pain. Physical examination noted right and left hip tenderness. There was tenderness and decreased range of motion to the lumbar regions. Treatment has included acupuncture, physical therapy (amount unknown), chiropractic care, and epidural steroid injections. Utilization review form dated 12-2-2015 modified physical therapy x 18 lumbar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 18 Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy times 18 sessions the lumbar spine is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are cervical disc degeneration; and degeneration of lumbar intervertebral disc. Date of injury is February 22, 2005. Request for authorization is November 23, 2015. According to a November 20, 2015 progress note, the subjective and objective sections are blank. An attachment containing a subjective section contains personal information and demographics. There is no clinical information present in progress. According to a September 23, 2015 progress note, subjective complaints include chronic low back pain that radiates to the bilateral lower extremities. The injured worker was recently hospitalized for an overdose of medications. Medications included MS Contin, Dilaudid and Flexeril. Pain score was 7/10. The objective section contains MRI results of the lumbar spine. There are no objective physical findings. There is no physical examination. According to an October 5, 2015 progress note, objectively, there is tenderness in the circle of low back regions. Utilization review indicates the injured worker was hospitalized for an overdose - suicidal gesture on October 20, 2015. The injury occurred 10 years ago. The injured worker received physical therapy. The total number of physical therapy sessions to date is not specified. There are no compelling clinical facts indicating additional physical therapy is clinically indicated. Utilization reviewer indicates the injured worker has not received any recent physical therapy and modified the physical therapy request from 18 sessions to 3 sessions. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, physical therapy times 18 sessions the lumbar spine is not medically necessary.