

Case Number:	CM14-0216120		
Date Assigned:	01/06/2015	Date of Injury:	11/01/1982
Decision Date:	02/23/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/24/2014

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: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 67 year old female sustained work related industrial injuries on November 1, 1982. The mechanism of injury involved lifting heavy boxes and a fall. The injured worker subsequently complained of ongoing low back pain with right leg pain. The injured worker was diagnosed and treated for lumbar sprain and strain and sciatica. Treatment consisted of diagnostic studies, physical therapy, home exercise therapy, prescribed medication, epidural injection x2, TENS unit, acupuncture, consultation and periodic follow up visits. According to the treating provider notes dated December 3, 2014, lumbar spine examination revealed reduced left lordosis, 2/4 lower extremity deep tendon reflex, and hypoesthesia of the right lateral foot and leg. Range of motion was 90 with flexion, 30 with extension, and 30 with lateral bend. There was no swelling or calf tenderness noted on examination and peripheral pulses were palpable. Provider noted that there was improvement with various interventions with recommendations for completion of physical therapy for developing home exercise program and left stabilization. As of December 2014, the injured worker's work status remains fully duty. The treating physician prescribed services for physical therapy 1-2 times a week for 6 weeks now under review. Initial therapy was requested in September 2014. On December 18, 2014, the Utilization Review (UR) evaluated the prescription for physical therapy 1-2 times a week for 6 weeks requested on December 12, 2014. Upon review of the clinical information, UR noncertified the request for physical therapy 1-2 times a week for 6 weeks, noting the lack of objective clinical documentation to support request for physical therapy from an exacerbation of chronic low back pain and recommendations of the

MTUS guidelines. This UR decision was subsequently appealed to the Independent Medical Review. This UR decision was subsequently appealed to the Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 1-2 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits: Myalgia and myositis, unspecified 9-10 visits over 8 weeks, Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. According to the ACOEM guidelines, physical and therapeutic interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. In this case, the claimant had begun therapy in September and at least 3 sessions of therapy were provided in the documentation. The total completed is unknown. The additional 12 sessions requested exceeds the guideline recommendations. Consequently, the physical therapy sessions are not medically necessary.