

Case Number:	CM15-0004428		
Date Assigned:	01/15/2015	Date of Injury:	03/18/2012
Decision Date:	03/18/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/08/2015

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 40 year old male, who sustained an industrial injury on March 18, 2012. He has reported low back injury after bending down to pick up lunch crates. The diagnoses have included lumbar neuritis/radiculitis, lumbosacral strain, and sciatica. Treatment to date has included modified work duty, medications, radiological imaging, nerve blocks, radiofrequency ablation, urine drug screening, physical therapy, ergonomic evaluation, home exercise program, and work conditioning. Currently, the IW complains of back pain. On December 9, 2014, reports a functional tolerance test of the injured worker being able to tolerate sitting for 15-20 minutes, standing for less than 5 minutes, and walking for less than 5 minutes. He is able to complete his activities of daily living. The lumbar spine range of motion is limited due to pain, and sensation is intact to light touch. The Utilization Review indicates the injured worker has had unrecorded amount of physical therapy previously, with no documentation of functional improvement. On December 23, 2014, Utilization Review non-certified physical therapy to the lumbar spine, quantity #10, based on MTUS, Chronic Pain, and ODG guidelines. On January 6, 2015, the injured worker submitted an application for IMR for review of physical therapy to the lumbar spine, quantity #10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy to Lumbar Spine, qty 10.00: Overturned

Claims Administrator guideline: Decision based on MTUS 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 describes his back pain as sharp, stabbing, aching, throbbing and radiating. He rates his pain 7 on a scale of 0 to 10. The pain is intermittent, lasting less than 1/3 of the day. The current request is for Physical Therapy to Lumbar Spine, qty 10.00. The treating physician states, "Course of physical therapy would be appropriate. I recommend 2 times a week for the next 5 weeks, 10 session of therapy, to help improve strength and flexibility and range of motion. At this point and time, it is my opinion with a reasonable degree of medical certainty that not only will therapy be helpful and effective but allow for fading of treatment frequencies to a self directed home exercise program where the patient can maximize ongoing functional improvement." (B.28) The MTUS guidelines allow 8-10 physical therapy sessions for myalgia and neuritis type conditions. In this case, the treating physician has documented that the patient is experiencing a flare-up of back pain with radiculopathy and the patient has not received physical therapy in over one year. The current request is medically necessary and the recommendation is for authorization.