

Case Number:	CM15-0101908		
Date Assigned:	06/04/2015	Date of Injury:	02/03/2001
Decision Date:	07/08/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/27/2015

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 73-year-old male, who sustained an industrial injury on 2/3/2001. Diagnoses have included lumbar back strain, lumbar disc herniation L4-5, mechanical back pain and mild dyspepsia. Treatment to date has included physical therapy, chiropractic treatment and medication. According to the progress report dated 4/16/2015, the injured worker complained of an acute flare up of his low back pain. He rated his pain as 5/10 on the visual analog scale (VAS) approximately 80% of the time. The injured worker was requesting conservative care as he had been having more difficulty with his activities of daily living and sleep. He reported an increase in activities of daily living with conservative care. Physical exam revealed tenderness in the lumbar musculature left greater than right with tenderness moving down into the left buttock. Range of motion of the lumbar spine was decreased. The injured worker was permanent and stationary. Authorization was requested for six visits of physical therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 6 Visits for the Lumbar Spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-61.

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

Decision rationale: The patient's date of injury is from 02/03/2001. He presents with acute flare-up of low back pain. The physician is requesting PHYSICAL THERAPY 6 VISITS FOR THE LUMBAR SPINE. The RFA was not included in the reports. The patient is currently on modified duty. 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." No physical therapy reports were made available. Per the 04/16/2015 report, the patient complains of an acute flare up of his low back pain. He reports difficulty with ADLs and sleep. The patient describe an increase in ADLs with conservative care. Exam shows tenderness in the lumbar musculature, left greater than the right, with tenderness moving down into the left buttock. ROM of the lumbar spine is decreased. Straight leg raise elicits low back pain. Previous treatments include medications, physical therapy and chiropractic treatment. Documents do not show that the patient has received any recent physical therapy treatments. In this case, a short course of physical therapy is reasonable to address his recent flare-up of symptoms and the request is within guidelines. The request IS medically necessary.