

Case Number:	CM15-0105511		
Date Assigned:	06/09/2015	Date of Injury:	11/06/2009
Decision Date:	07/15/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/01/2015

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:

This is a 44 year old female with a November 6, 2009 date of injury. A progress note dated April 23, 2015 documents subjective findings (constant lower back pain radiating into the buttocks and lower extremities; intermittent weakness, numbness and tingling, "restlessness" in the lower extremities, right greater than left; constant numbness in the right foot/toes and intermittent sharp pain in the right foot; difficulty urinating), objective findings (decreased range of motion of the lumbar spine; tenderness to palpation of the lumbar paraspinous area), and current diagnoses (lumbago). Treatments to date have included medications, heat, x-ray of the lumbar spine (April 23, 2015; showed disc collapse/spondylosis at L4/5 and L5/S1), lumbosacral discectomy, electromyogram/nerve conduction velocity studies, and lumbar epidural injections. The treating physician documented a plan of care that included twelve sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of Physical therapy, twice a week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with pain affecting the lumbar spine. The current request is for 12 sessions of physical therapy, twice a week for 6 weeks. The treating physician states in the report dated 5/16/15, "She has been doing physical therapy. Recommendations: Continue physical therapy." (15B) The MTUS guidelines state, they can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process and MTUS only allows 8-10 sessions of physical therapy. In the records provided for review for this case, the treating physician has not documented how many prior physical therapy sessions the patient has completed and if the patient had any functional improvement with physical therapy. There is no documentation of any recent surgery, flare-up, new injury or new diagnosis that would require additional physical therapy and there is no discussion as to why the patient is not currently able to transition to a home exercise program. The current request is not medically necessary.