

Case Number:	CM15-0106997		
Date Assigned:	06/11/2015	Date of Injury:	09/30/2003
Decision Date:	07/13/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/03/2015

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: 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:

The injured worker is a 56-year-old female, who sustained an industrial injury on 9/30/2003. Diagnoses include degeneration of cervical intervertebral disc, chronic pain syndrome, knee pain, lumbosacral radiculitis and lumbar post-laminectomy syndrome. Treatment to date has included multiple surgical interventions (lumbar fusion 8/20/2014, lumbar disc replacement 4/2009 and left shoulder debridement 1/26/2015), diagnostics, inpatient rehabilitation, physical therapy, home exercise and medications including Oxycodone, Fentanyl patch, Trazodone and Ambien. Per the Primary Treating Physician's Progress Report dated 4/16/2015, the injured worker reported lower back pain with radiation to the lower extremities. Her pain is rated as 10/10 without medications and 7/10 with medications. She also reported neck pain that radiates to the left upper extremity with tingling and left shoulder pain with associated weakness. Physical examination of the lumbar spine revealed tenderness of the sacrum, sacroiliac joint, paraspinal region at L5, and gluteus maximus. There was pain with active range of motion. The plan of care included medication management and physical therapy and authorization was requested for physical therapy (3x4) 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 for the lumbar spine, three times a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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, Reflex sympathetic dystrophy (CRPS) 24 visits over 16 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. The progress note on 5/14/15 indicated the claimant had done some therapy on her own at home. In addition, the 12 sessions requested exceed the limit recommended by the guidelines. Consequently, 12 physical therapy sessions are not medically necessary.