

Case Number:	CM15-0017295		
Date Assigned:	02/05/2015	Date of Injury:	03/25/2014
Decision Date:	03/30/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/29/2015

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 44 year old female, who sustained an industrial injury on March 25, 2014. She has reported back pain. The diagnoses have included chronic right lumbar radiculopathy and possible sciatica and/or piriformis syndrome. On December 2, 2014, an EMG/NCS (electromyography/nerve conduction study) of the right lower extremity revealed chronic right sacral 1 radiculopathy. Treatment to date has included oral and topical non-steroidal anti-inflammatory medications, oral steroid medication, and work modifications. The medical records refer to a course of physical therapy therapeutic exercise, manual therapy, electrical stimulation, ultrasound, hot/cold packs, and education for a home exercise program. On January 13, 2015, the treating physician noted continued lower back pain with numbness and tingling. The pain radiates to the right buttock and right posterior thigh with numbness and tingling, which frequently radiates to the right foot. The injured worker had completed a course of physical therapy which provided short-term partial improvement. The physical exam revealed a normal gait, no increase in back pain with heel and toe ambulation, mild bilateral lumbar paraspinal muscle spasms and tenderness to palpation, and mildly decreased range of motion. The right straight leg raise at 60 degrees which caused pain radiating to the right lumbar 5-sacral 1 nerve root distribution. There was slightly diminished sensation to light touch in the sacral 1 nerve root distribution. The bilateral deep tendon reflexes and motor strength was normal. The treatment plan included continuing physical therapy to the lumbosacral spine. On January 12, 2015, Utilization Review non-certified a prescription for 8 visits (x8) of physical therapy for evaluation/treat the low back, lumbar, and sacrum, noting the lack of documentation of

functional improvement or pain improvement from prior physical therapy, and lack of evidence that the individual requires extensive rehab at this time. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Evaluation/treatment Low Back, Lumbar, Sacrum (8 sessions): Upheld

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 presents with low back pain radiating to the right lower extremity. The request is for physical therapy evaluation treatment, low back, lumbar, sacrum (8 sessions). Patient's medications included anti-inflammatories and Flector patches. Physical therapy notes provided from 08/15/14 - 09/25/14 show 3 physical therapy sessions. The patient has been off work, however she may work modified duty with restrictions. 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. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks" Per progress report dated 12/17/14, the primary physician requested for "continued physical therapy to the lumbosacral spine twice a week for the next four weeks, as the the patient has responded very well to this modality with increasing strength and decreasing pain". Given patient's diagnosis, a short course of physical therapy would be indicated. However, treater does not discuss any flare-ups, explain why on-going therapy is needed, or reason the patient is unable to transition into a home exercise program. UR letter dated 01/12/15 states "...patient had 14 physical therapy sessions in the past." Furthermore, the request for additional 8 sessions would exceed what is allowed by MTUS for the patient's condition. Therefore, the request IS NOT medically necessary.