

Case Number:	CM15-0018481		
Date Assigned:	02/06/2015	Date of Injury:	07/04/2011
Decision Date:	03/30/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/30/2015

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: 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 38 year old male, who sustained an industrial injury on 7/4/2011. The diagnoses have included lumbar sprain/strain, lumbar paraspinal muscle spasms/disc herniation, lumbar radiculitis/radiculopathy of the lower extremities and sacroiliitis of the right sacroiliac (SI) joint. Treatment to date has included physical therapy, chiropractic manipulation and pain medications. According to the Primary Treating Physician's Progress Report dated 12/22/2014, the injured worker presented for follow-up of low back pain and limited range of motion of the lumbar spine with tingling and numbness to bilateral legs. The injured worker noted that low back pain was exaggerated while standing on uneven surfaces or standing up from a sitting position. Pain level was rated 9/10 most of the time. Objective findings revealed weakness along with tingling and numbness in bilateral legs was progressive. The injured worker was noted to be suffering from severe sacroiliac (SI) joint inflammation with signs and symptoms of radiculitis/radiculopathy to the posterior and lateral aspect of the thigh. Authorization was requested for the first, right, sacroiliac (SI) joint injection, first bilateral transforaminal lumbar epidural steroid injection (ESI) and physical therapy. On 1/7/2015 Utilization Review (UR) non-certified a request for urgent physical therapy two times a week for eight weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for eight weeks for the lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

Decision rationale: According to the MTUS guidelines, passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The MTUS guidelines also recommend up to 10 sessions of physical therapy for this patient's condition. While a short course of physical therapy up to 10 sessions would be supported to address the recent exacerbation, the request for 16 sessions of physical therapy exceeds the recommended amount and modification cannot be rendered in this peer review. As such, the request for Physical therapy, two times a week for eight weeks for the lumbar is not medically necessary.