

Case Number:	CM15-0111362		
Date Assigned:	06/22/2015	Date of Injury:	07/21/2011
Decision Date:	07/22/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/09/2015

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 52-year-old female, with a reported date of injury of 07/21/2011. The diagnoses include lumbar disc disease at L4-5 and L5-S1, lumbar sprain/strain, lumbar radiculopathy, and chronic pain syndrome. Treatments to date have included an MRI of the lumbar spine on 04/24/2015 which showed disc bulge at L4-5 and L5-S1 and no evidence of central canal or foraminal stenosis; and oral medications. The progress report dated 05/13/2015 indicates that the injured worker had recurrent low back pain and right leg radiculopathy. The objective findings include tenderness to deep palpation in the thoracolumbar paralumbar region and decreased lumbar range of motion. The treating physician requested physical therapy for the low back. The rationale for the request was not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, low back Qty: 8.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

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

Decision rationale: Based on the 05/13/15 progress report provided by treating physician, the patient presents with low back pain that radiates to right leg. The request is for PHYSICAL THERAPY, LOW BACK QTY: 8.00. Patient's diagnosis per Request for Authorization form dated 05/13/15 includes disc displacement NOS. Diagnosis on 05/13/15 included lumbar disc disease L4-L5. Physical examination to the lumbar on 05/13/15 included tenderness to palpation to the paraspinal muscles. Range of motion was decreased, especially on extension 5 degrees. Treatment to date included physical therapy, acupuncture and 3 epidural injections. The patient may work light-duty, per 05/13/15 report. MTUS 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." Given patient's diagnosis and continued symptoms, a short course of physical therapy would be indicated by guidelines. However, per 04/01/15 report, the patient attended 20 physical therapy sessions. In this case, treater has not documented efficacy of prior therapy. There is no explanation of why on-going therapy is needed, nor reason patient is unable to transition into a home exercise program. 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.