MAXIMUS Federal Services

Case Number:	CM15-0113529		
Date Assigned:	06/19/2015	Date of Injury:	05/24/2012
Decision Date:	07/22/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/12/2015

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 41 year old female, who sustained an industrial injury on 5/24/2012. She reported a trip and fall onto the back with acute pain to the neck and low back. Diagnoses include lumbar musculoligamentous injury, lumbar muscle spasm, rule out lumbar spine disc protrusion, loss of sleep and psych component. Treatments to date include activity modification, medication management and chiropractic therapy. Currently, she complained of intermittent moderate throbbing low back pain and loss of sleep and symptoms of depression secondary to chronic pain. On 4/22/15, the physical examination documented tenderness of lumbar muscles and bilateral sacroiliac joints. Kemp's test, straight leg raise, and Valsalva's were positive. The plan of care included physical therapy, twice a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 18 sessions for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 03/20/15 progress report provided by treating physician, the patient presents with low back pain. The request is for physical therapy 18 sessions for lumbar spine. Patient's diagnosis per Request for Authorization form dated 01/22/15 and 03/20/15 includes lumbar musculoligamentous injury, and lumbar muscle spasm. Physical examination to the lumbar spine on 03/20/15 revealed myospasm and tenderness to palpation to the paraspinal muscles and bilateral SI joints. Painful Kemp's and bilateratal Seated straight leg raise. Treatment to date included psychological evaluation, functional capacity evaluation, urine drug screen, chiropractic, medications and activity modification. Patient's medications include Ibuprofen, Omeprazole and Cyclobenzaprine. The patient is off work, per 03/20/15 report. MTUS pages 98, 99 have 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." Per physical therapy evaluation dated 04/20/15, the patient attended "a total of 2 supervised visits" from 03/23/15 - 04/20/15. Given patient's diagnosis and continued symptoms, a short course of physical therapy would be indicated by guidelines. However, the request for 18 sessions would exceed what is allowed by MTUS for the patient's condition. Furthermore, treater has not documented efficacy of prior therapy; and there is no explanation of why on-going therapy is needed, nor reason patient is unable to transition into a home exercise program. Therefore, the request is not medically necessary.