

Case Number:	CM15-0114944		
Date Assigned:	06/23/2015	Date of Injury:	05/22/2014
Decision Date:	07/31/2015	UR Denial Date:	05/25/2015
Priority:	Standard	Application Received:	06/15/2015

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: Pennsylvania, Ohio, 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 5/22/14 while pushing a heavy cart resulting in sudden sharp pain in her low back radiating into the left knee. She was medically evaluated with exam, x-rays and was provided with medication. She has a prior low back injury 20 years ago. She currently complains of constant bilateral neck pain with radiation to bilateral shoulders and a pain level of 3/10; constant bilateral low back pain with radiation to the left leg with a pain level of 4/10; she has headaches and dizziness; she exhibits sleep difficulties; anxiety and depression. On physical exam there was tenderness in the paraspinal area, facet joint tenderness with decreased range of motion and positive foraminal compression bilaterally, distraction bilaterally and shoulder depression; lumbar spine exhibits paraspinal tenderness bilaterally, bilateral facet joint tenderness, left sided S1 joint, sciatic notch and sciatic nerve tenderness and straight leg raise in both seated and supine position cause pain in the lumbar spine. She has difficulty performing activities of daily living involving standing, sitting, reclining, walking, stair climbing and sleep. Medications are tizanidine, Tramadol, Naprosyn, Colace, baclofen, Norco, gabapentin. Her medications have been decreased and she has a 60 % improvement in low back pain. Diagnoses include neck sprain; cervicalgia; intervertebral disc disorder with myelopathy of the lumbar region; sciatica. Treatments to date include chiropractic treatments were helpful; physical therapy (she completed 12 sessions of physical therapy with improvement per 1/15/15 progress note); rest activity; heat and cold; lumbar injections. Diagnostics include MRI of the lumbar spine (6/7/14); x-ray of the lumbar spine (6/24/14); computed tomography of the lumbar spine (7/24/15). In the progress note dated 4/7/15 requests physical therapy eight sessions to the low back citing 60% improvement from previous eight sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) physical therapy sessions 2 x 4 weeks for the low back, as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.