

Case Number:	CM15-0121880		
Date Assigned:	07/06/2015	Date of Injury:	05/27/2011
Decision Date:	07/31/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/24/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 34 year old female with an industrial injury dated 05/27/2011. The injured worker's diagnoses include left hip strain, lumbar radiculopathy and labral/tendon tear of left hip. Treatment consisted of multiple Magnetic Resonance Imaging (MRI) of the lumbar spine, Electromyography (EMG) of bilateral lower extremities, prescribed medications, physical therapy and periodic follow up visits. In a progress note dated 05/04/2015, the injured worker reported low back pain with radiating pain to the buttocks. Lumbar spine exam revealed mild tenderness to palpitation, decrease lumbar range of motion, decrease muscle strength in lumbar spine and positive straight leg raises. In the most recent physical therapy progress note dated 05/15/2015, the injured worker reported back pain, decrease range of motion and weakness. Diagnoses included lumbago, sprain of lumbar region and spondylolisthesis. The treating physician prescribed services for additional twelve physical therapy visits for the lumbar spine now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical therapy visits for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in May 2011 and continues to be treated for radiating low back pain. Completion of 8 physical therapy treatments is documented as 05/04/15. When seen, there was hip tenderness and decreased and painful range of motion. There was decreased thoracic and lumbar spine range of motion with tenderness and positive straight leg raising. The claimant is being treated for chronic pain with no new injury and has recently had physical therapy. Compliance with an independent exercise program would be expected and would not require continued skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program and does not reflect a fading of treatment frequency. The request is not medically necessary.