

Case Number:	CM15-0122334		
Date Assigned:	07/15/2015	Date of Injury:	12/23/2013
Decision Date:	08/18/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/14/2015

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 27 year old male, who sustained an industrial injury on 12/23/13. The injured worker was diagnosed as having lumbar spine myoligamentous injury rule out herniated nucleus pulposus. Treatment to date has included medication. Physical examination findings of the lumbar spine on 2/4/15 included lumbar spine tenderness to palpation, decreased range of motion secondary to pain, and positive bilateral straight leg raises. Currently, the injured worker complains of lumbar spine pain and stiffness. The treating physician requested authorization for physical therapy x8 for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 8 for the lumbar spine: 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: Based on the 03/04/15 progress report provided by treating physician, the patient presents with low back pain. The request is for physical therapy x 8 for the lumbar spine. Patient's diagnosis per Request for Authorization form dated 03/04/15 includes lumbar disc displacement. Diagnosis on 03/04/15 included lumbar intervertebral disc syndrome, thoracic sprain and strain, and displacement cervical disc without myelopathy. Physical examination to the lumbar spine on 03/04/15 revealed tenderness to palpation, decreased range of motion secondary to pain, and positive straight leg raise test bilaterally. Treatment to date has included imaging studies, physical therapy and medications. Patient's medications include Norco and Flexeril. The patient is unable to work, per 03/04/15 report. Treatment reports provided from 05/21/14 - 03/04/15. MTUS Chronic Pain Management Guidelines, 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." Physical therapy has been requested in RFA's dated 12/16/14, 01/16/15, and 03/04/15. Given the patient's continued pain and diagnosis, a short course of physical therapy would appear to be indicated. However, there is no explanation of why on-going therapy is needed, nor reason patient is unable to transition into a home exercise program. In this case, treater has not provided a precise treatment history, nor documented efficacy of prior therapy. Therefore, the request IS NOT medically necessary.