

Case Number:	CM15-0123335		
Date Assigned:	07/07/2015	Date of Injury:	01/19/2011
Decision Date:	08/18/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/26/2015

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 36 year old male, who sustained an industrial injury on 1-19-2011. Diagnoses have included lumbar discogenic pain syndrome, lumbar radiculitis, low back pain and fracture of the left, lower limb with multiple ankle surgeries. Treatment to date has included surgery, magnetic resonance imaging (MRI) and medication. According to the progress report dated 4-22-2015, the injured worker complained of a severe flare-up of his low back pain, which was radiating to the left lower extremity. The injured worker underwent left ankle surgery approximately three to four weeks prior. He reported that he could not stand up straight due to the back pain. He was taking Percocet. He rated his pain as six to seven out of ten with medications and nine out of ten without medications. Physical exam revealed tenderness over the left L4-5 and L5-S1 lumbar paraspinals. There was pain with lumbar flexion and extension. He had spasms in his left, lumbar paraspinal muscles. Authorization was requested for twelve sessions of physical therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) physical therapy sessions, 1 - 2x6 for the lumbar spine: Upheld

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

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

Decision rationale: Based on the 04/21/15 progress report provided by treating physician, the patient presents with flared up low back pain radiating to left lower extremity, rated 6-7/10 with and 9/10 without medications. The request is for Twelve (12) Physical Therapy Sessions, 1 - 2x6 for the lumbar spine. RFA with the request not provided. Patient's diagnosis on 04/21/15 included lumbar discogenic pain syndrome MRI 7/22/14 with central disc protrusion at L4-L5, lumbar radiculitis, and low back pain. The patient has antalgic gait, and no longer has cam walker. Physical examination to the lumbar spine on 04/21/15 revealed tenderness over the left L4-5 and L5-S1 paraspinals range of motion painful on flexion and extension, positive straight leg raise test on the left. Treatment to date has included ankle surgeries, imaging and electrodiagnostic studies, H-wave and medications. Patient's medications include Ambien, Percocet and Ibuprofen. The patient may return to work light-duty, per 05/28/15 report. Treatment reports provided from 11/14/14 - 05/28/15. 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. Per 04/21/15 report, treater states "the patient would benefit from physical therapy to help with his spasms." Given the patient's continued pain, a short course of physical therapy would appear to be indicated. However, treater has not provided a precise treatment history, nor documented efficacy of prior therapy. There is no explanation of why on-going therapy is needed, or reason patient is unable to transition into a home exercise program. Furthermore, the request for 12 sessions would exceed what is allowed by MTUS. Therefore, the request is not medically necessary.