

Case Number:	CM15-0127146		
Date Assigned:	07/17/2015	Date of Injury:	01/06/2015
Decision Date:	08/27/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/01/2015

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, 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 (IW) is a 34 year old male who sustained an industrial injury on 01/06/2015. He reported an injury to his back while stocking and moving a cart. The injured worker was diagnosed as having lumbar neuritis-radiculitis, and Lumbar sprain-strain. Treatment to date has included medications, physical therapy, and a lumbosacral MRI, x-ray and CT were performed on 01-06-2015 and 02-10-2015 respectively. The MRI revealed a disc protrusion at right L4-L5. Currently, the injured worker complains of low back pain radiating to the lateral thighs rated as a 4 on a scale of 0-10 when at rest and 10 on a scale of 0 to 10 with activity. The pain is associated with weakness, numbness, locking and giving way. The pain radiates to the bilateral legs. Activity makes the pain worse. Pain is frequent in the mid back also and burning in character rated a 4 on a scale of 0-100 at rest and 10 with activities. The pain radiates to his neck and bilateral hips and is associated with weakness and numbness. The pain intensifies when bending, twisting, lifting and walking. He also complains of bilateral buttock pain that radiates to the bilateral legs and is associated with weakness and numbness. This pain is rated a 2 at rest and a 68 with activity. The pain is associated with weakness and numbness. He reports a lumbar strain in 2012 that resolved with no residual pain or disability. On examination, the worker has tenderness over the bilateral paralumbar region from L2-L5. He had slight decrease in range of motion in extension, right -left lateral bending, and right-left rotation. The remainder of the exam was unremarkable. Starting in January 2015, the worker had physical therapy 3 times a week for 3 weeks. There are no notes of response to treatment. The ongoing treatment plan included pain

medications, physical therapy and work restrictions. A request for authorization was made for the following: Physical therapy, 3 times a week for 4 weeks for low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 3 times a week for 4 weeks for low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99.

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

Decision rationale: With regard to the request for additional physical therapy, the California Medical Treatment Utilization Schedule recommends transition from formal physical therapy to self-directed home exercises after a full course of therapy. Future therapy may be warranted if the patient has not had a full course of therapy. For myalgia, radiculitis or neuritis, up to 10 visits of formal PT is the recommendation by the Chronic Pain Medical Treatment Guidelines. In the case of injured worker, the documentation indicates that the patient had at least 9 recent sessions of PT per a note dated 4/28/15. The CPMTG specify for 10 sessions of PT, and it unclear in this case what deficits exist that can only be addressed in the context of formal PT as opposed to self-directed home exercise. Given this, the additional physical therapy as originally requested is not medically necessary.