

Case Number:	CM15-0127954		
Date Assigned:	07/14/2015	Date of Injury:	04/30/2015
Decision Date:	08/14/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/02/2015

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 45 year old female who sustained a work related injury April 30, 2015. She fell out of a truck, hitting her right buttock on a ramp and her spin on the trucks bumper. According to a physician's assistants progress notes, dated June 3, 2015, the injured worker presented for re-check of her back injury. She complains of low back pain, rated 7 out of 10, with numbness down the right posterior thigh to the heel and occasionally to the toes. She was provided a cane in physical therapy on June 2, 2015, which she found helpful. Physical examination revealed range of motion is limited in all planes due to low back pain. There is guarding of the lumbar spine and tenderness L1-2 and L4-5 right paraspinal. There is decreased sensation to light touch of the posterior right leg. She has been approved for acupuncture, to begin as soon as possible. Assessment is documented as back contusion; back pain;, lumbosacral; lumbar radiculitis. Treatment plan included adjustments to medication, MRI of the lumbar spine, use ice and heat in 15 minute sessions, and discussion of home exercises. At issue, is the request for authorization for physical therapy, low back x 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (PT) x 6 for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Physical therapy (PT).

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

Decision rationale: This patient presents with low back pain and decreased sensation down the right posterior leg. The current request is for Physical therapy (PT) x 6 for the low back. The RFA is dated 06/10/15. Treatment history includes medications, negative x-rays, work restrictions, acupuncture, and physical therapy. The patient is not working. The 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 report June 3, 2015, the patient presents with complaints of low back pain, rated 7 out of 10, with numbness down the right posterior thigh to the heel and occasionally to the toes. Physical examination revealed range of motion is limited in all planes due to pain. There is guarding of the lumbar spine and tenderness at the L1-2 and L4-5 right paraspinal. There is decreased sensation to light touch of the posterior right leg. Recommendation was made for additional 6 sessions of PT. Per physical therapy progress report 06/08/15, the patient has completed 8 PT sessions following her injury on 04/30/15. The patient is making overall progress as expected and is tolerating treatment will and continues perform home exercises on a daily basis. All exercises are reviewed with the patient at the conclusion of treatment sessions, including a home exercise program. In this case, the treating physician has not provided a discussion as to why the patient would not able to continue the self-directed home exercise program. In addition, the patient has completed 8 treatments and the requested additional 6 treatments exceeds MTUS recommendation. The requested physical therapy is not medically necessary.