

Case Number:	CM15-0132129		
Date Assigned:	07/20/2015	Date of Injury:	03/24/2014
Decision Date:	11/25/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/08/2015

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: Maryland

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

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 41-year-old female, who sustained an industrial injury on 3-24-14. She reported low back pain. The injured worker was diagnosed as having lumbar radiculopathy, status post L4-5 laminectomy, strain of bilateral sacroiliac joints, and degenerative disc disease at L5-S1. Treatment to date has included 2 epidural injections and an unknown number of physical therapy treatments. Physical examination findings on 5-14-15 included decreased lumbar spine range of motion. Tenderness was noted in the direction of the left sciatic nerve down to the calf. Paresthesia was noted in the left great toes and medial foot. Deep tendon reflexes were 2+ and symmetrical in both knees and absent and symmetrical in both ankles. A straight leg raise test was positive bilaterally. On 5-14-15, the injured worker complained of low back pain with radiation to the left lower extremity with numbness and tingling in the left great toe and foot. On 5-21-15 the treating physician requested authorization for additional physical therapy x12 for the lumbar spine. On 6-17-15 the request was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 12 additional sessions, for lumbar spine, 2 times a week for 6 weeks, as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back, lumbar and thoracic (acute and chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Physical therapy 12 additional sessions, for lumbar spine, 2 times a week for 6 weeks, as outpatient is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this condition and a transition to an independent home exercise program. The documentation is not clear on how many prior low back PT sessions the patient has had; why she is unable to perform an independent home exercise program; and the outcome of her prior lumbar PT. Without clarification of this information, the request for physical therapy for the low back is not medically necessary.