

Case Number:	CM15-0134795		
Date Assigned:	07/23/2015	Date of Injury:	03/24/2014
Decision Date:	11/25/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/13/2015

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 with an industrial injury date of 03-24-2014. Medical record review indicates she is being treated for lumbar radiculopathy, strain bilateral sacroiliac joints and degenerative disc disease of lumbar 5-sacral 1. Subjective complaints (05-14-2015) included "constant" low back pain radiating to the left lower extremity with numbness and tingling in the left great toe and foot. Work status (05-14-2015) is documented as "regular duties." Prior treatment included lumbar 4-5 laminectomy, epidural injections, sacroiliac injection, "prior physiotherapy" (number of visits not indicated) and medications. Diagnostics (documented in the 05-14-2015 report by the provider) included X-rays of the lumbar spine (done on 05-14-2015) revealed degenerative disc disease at lumbar 5-sacral 1 status post laminectomy at lumbar 4-5. Electromyography and nerve conduction study (06-03-2014) is documented as revealing left active lumbar 5 denervation with left chronic lumbar 5 denervation. Physical exam (05-14-2015) of lumbar spine included tenderness of the bilateral sacroiliac joints and left buttock. Paravertebral muscle spasm was noted. Lumbar spine range of motion was decreased. Tenderness was noted in the direction of the left sciatic nerve down to the calf with paresthesia in the left great toe and medial foot. On 06-17-2015 the request for 12 additional physical therapy for the lumbar spine 2 times a week for 6 weeks as an outpatient (between 06-11-2015 and 07-26-2015) 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:

12 Additional physical therapy lumbar spine, 2 times a week for 6 weeks, as outpatient:
Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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

Decision rationale: 12 Additional physical therapy 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 patient's condition and the request exceeds this recommended number. The documentation indicates that the patient has had prior PT but it is unclear exactly how many sessions, the efficacy of prior therapy, and why the patient is not versed in a home exercise program. There are no extenuating factors which would necessitate 12 more supervised therapy visits therefore this request is not medically necessary.