

Case Number:	CM15-0161192		
Date Assigned:	10/08/2015	Date of Injury:	03/20/2012
Decision Date:	11/23/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/18/2015

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, Hawaii

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 55 year old female, who sustained an industrial injury on March 20, 2012, incurring low back and neck injuries. Magnetic Resonance Imaging and x rays revealed multiple level annular tears and disc degeneration. She was diagnosed with lumbago, thoracic and lumbosacral neuritis and sciatica. Treatment included physical therapy, chiropractic sessions, anti-inflammatory drugs, pain medications, and activity restrictions. Currently, the injured worker complained of persistent low back pain radiating into the right hip area. She noted difficulty sleeping due to the chronic pain. She was unable to work secondary to her dysfunction. She rated the pain 8-9 out of 10 on a pain scale from 0 to 10. The continuous pain was aggravated with prolonged sitting, walking, and standing. The injured worker had limited range of motion and restricted and painful flexion and extension of the low back. She was diagnosed with radiculopathy and cervicalgia. The treatment plan that was requested for authorization on August 18, 2015, included 12 sessions of physical therapy for the low back and neck. On August 3, 2015, a request for 12 sessions of physical therapy for the low back and neck 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, Low Back and Neck, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The patient presents with low back pain radiating into the right hip. The current request is for Physical Therapy, Low back and neck, 12 sessions. The treating physician's report dated 07/10/2015 (53B) states, "The patient is undergoing therapy and has two more sessions left. The patient has about 40% reduction of the sciatic pain. I would like to recommend continuation of physical therapy twice a week for six weeks. The patient is making excellent progress." The patient is not post-surgical. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The physical therapy report dated 07/20/2015 (58B) notes, "Pt's gross movements are very guarded and rigid. Focused Rx again on sx management with manual Rx and modalities. She will require continued therapy to address impairments, improve ADL tolerance, and return to prior level of function." The patient has received 12 sessions of physical therapy from 05/27/2015 (10B) to 07/20/2015 (58B). In this case, while the physician has noted benefit with physical therapy, the requested additional 12 sessions would exceed guidelines. The patient should now be able to transition into a home-based exercise program to improve strength, ROM and flexibility. The current request is not medically necessary.