

Case Number:	CM15-0164269		
Date Assigned:	09/01/2015	Date of Injury:	07/07/2011
Decision Date:	11/20/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/21/2015

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 53 year old female, who sustained an industrial-work injury on 7-7-11. She reported initial complaints of low back and ankle pain. The injured worker was diagnosed as having lumbar facet arthropathy, lumbar radiculitis, lumbar myofascial strain, and lumbago. Treatment to date has included medication, physical therapy (13 sessions), massage therapy (little benefit), transcutaneous electrical nerve stimulation (TENS) unit, traction, epidural injections, diagnostics, and home exercise program (HEP) with some relief. Currently, the injured worker complains of back pain described as stabbing and burning with constant aching in the legs with tingling and numbness. Pain was rated 5-6 out of 10. Medication included Naproxen, Tramadol, Gabapentin, and Prilosec. Tylenol #3 is taken for flare-ups. She is working part time. Per the primary physician's progress report (PR-2) on 7-14-15, exam noted normal orthopedic tests, normal reflexes, strength, and gait. Hypertonicity to the paraspinals L1-S1 bilaterally, tenderness with palpation, and limited lumbar extension. The Request for Authorization requested service to include Physical Therapy, Lumbar, 2 times per week for 8 weeks to include: lumbar stretching, lumbar stabilization, traction, strengthening, ultrasound, TENS unit; manual muscle release and home exercise program. The Utilization Review on 7-29-15 denied the request for Physical Therapy, Lumbar, 2 times per week for 8 weeks to include: lumbar stretching, lumbar stabilization, traction, strengthening, ultrasound, TENS unit; manual muscle release and home exercise program, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Lumbar, 2 times per week for 8 weeks to include: lumbar stretching, lumbar stabilization, traction, strengthening, ultrasound, TENS unit; manual muscle release and home exercise program: 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 stabbing and burning back pain with constant aching in the legs, tingling, and numbness. The current request is for Physical Therapy, lumbar, 2 times per week for 8 weeks. The treating physician states, in a report dated 07/14/15, "Continue to request Physical Therapy 2x per week for 8 weeks for lumbar radiculopathy." (63B) There is no mention made of prior surgery being performed, thus Post-surgical treatment guidelines do not apply. The MTUS guidelines allow 8-10 therapy visits. In this case, the treating physician, based on the records available for review, states "13 sessions of physical therapy/massage therapy which provided very little relief." (62b) The current request for 16 sessions exceeds what MTUS allows for this type of condition. The request also lacks rationale for treatments such as a new injury/exacerbation, decline in function, change in diagnosis, etc. to clinically understand the need for additional therapy at this juncture, particularly since 13 prior PT sessions have provided "little relief." The current request is not medically necessary.