

Case Number:	CM15-0164801		
Date Assigned:	09/02/2015	Date of Injury:	08/05/2013
Decision Date:	12/03/2015	UR Denial Date:	08/10/2015
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

Certification(s)/Specialty: Emergency 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 31 year old female, who sustained an industrial injury on 08-05-2013. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for thoracic or lumbosacral neuritis or radiculitis, lumbar sprain-strain, lumbago, and sciatica. Treatment and diagnostics to date has included acupuncture and medications. Recent medications have included Soma, Ibuprofen, Percocet, Gabapentin, and Pantoprazole. Subjective data (05-27-2015 and 07-20-2015), included lower back and left lower extremity pain rated 6 out of 10 and stated that "medications are helping". Objective findings (07-20-2015) included positive lumbar facet loading and straight leg raise test on the left side. The Utilization Review with a decision date of 08-10-2015 non-certified the request for 6 sessions of physical therapy for the left lower extremity related to the lumbar spine as outpatient. A letter of appeal dated 8/23/15 was reviewed. It details rationale for request but does not provide more clinical information.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of physical therapy, left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

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

Decision rationale: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Guidelines also recommend only up to 10 PT sessions for the diagnosis listed. Patient has reportedly completed an unknown number of prior PT sessions. Provider has failed to document total number of prior PT completed and what response or benefit from prior therapy. Documentation also states that patient is not exercising but no rationale was provided as to why that was the case. There is no documentation as to why the patient cannot perform home exercise program or why additional sessions is necessary if patient does not continue with home therapy or exercise. Without a clear rationale and plan concerning PT, additional sessions do not meet criteria for approval. Additional Physical Therapy is not medically necessary.