

Case Number:	CM15-0171107		
Date Assigned:	09/11/2015	Date of Injury:	10/01/2010
Decision Date:	10/09/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/31/2015

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:

This is a 43 year old female with a date of injury on 10-1-2010. A review of the medical records indicates that the injured worker is undergoing treatment for myofascial pain syndrome and lumbar radiculopathy. Medical records (3-13-2015 to 7-17-2015) indicate the injured worker was more ambulatory having continued therapy on her left ankle fractures and repairs. She had ongoing pain in her thoracic and lumbar spine. She reported that Nortriptyline was effective for ongoing pain. Per the treating physician (6-5-2015), the employee was temporarily totally disabled. No physical exam was documented. Treatment has included at least six sessions of physical therapy for her back, and pain medications (Ibuprofen, Nortriptyline and Percocet). The request for authorization dated 8-10-2015 (for report 3-13-2015) was for six sessions of physical therapy. The original Utilization Review (UR) 8-17-2015 non-certified a request for six physical therapy sessions for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Lumbar Spine, 6 sessions, as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

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

Decision rationale: Physical Therapy, Lumbar Spine, 6 sessions, 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; deficits on physical exam of the low back that necessitate 6 PT sessions, 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 lumbar spine is not medically necessary.