

Case Number:	CM15-0171114		
Date Assigned:	09/11/2015	Date of Injury:	05/05/2014
Decision Date:	10/09/2015	UR Denial Date:	08/27/2015
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:

The injured worker is a 58 year old female who sustained an industrial injury on 05-05-2014. She reported that the injury occurred when a student hit her back and tail bone with a baseball bat and she subsequently fell to the floor. She was placed on total temporary disability and was started on a course of therapy. The treatments consisted of electrical stimulation and exercises three times a week. On 05-27-2015, electrodiagnostic studies showed no electrophysiological evidence to support motor radiculopathy or distal peripheral neuropathy in the lower extremities. There was no electrophysiological evidence of entrapment neuropathy on the peroneal and tibial nerves. According to a progress report dated 07-31-2015, the injured worker was "absolutely miserable". Pain in her low back was unremitting. Physical therapy as previously requested had not yet been approved. Objective findings included focal tenderness at the lumbosacral junction as well as superior iliac crest. Diagnosis included possible sacroiliitis right side versus intraspinal disc herniation. MRI confirmed multilevel spondylosis maximally at the L4-L5 level with annular tearing as well as facet arthrosis. There was also evidence of lateral recess stenosis. Physical therapy was recommended with emphasis on core strengthening and trunk stabilization. The injured worker was instructed in a home exercise program. She was to return in 4 weeks. She had been on oral analgesics and or not tolerating oral medications. The injured worker was provided with transdermal creams. She was to remain off work until 08-28-2015. An authorization request dated 08-17-2015 was submitted for review. The requested services included physical therapy 2 x 6, Flurbiprofen 20% + Lidocaine 5% 150 grams, Gabapentin 10% + Amitriptyline 5% + Capsaicin 0.025% 150 grams and Cyclobenzaprine 10% + Lidocaine 2%

150 grams. On 08-27-2015, Utilization Review non-certified the request for physical therapy 2 x 6 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 2 x 6 for the lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Physical therapy 2 x 6 for the lumbar 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 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.