

Case Number:	CM15-0174673		
Date Assigned:	09/16/2015	Date of Injury:	10/12/2001
Decision Date:	10/19/2015	UR Denial Date:	08/09/2015
Priority:	Standard	Application Received:	09/04/2015

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: Preventive Medicine, Occupational 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 62 year old male who sustained an industrial injury on 10-12-01. A review of the medical records indicates he is undergoing treatment for lumbar degenerative joint disease and degenerative disc disease, obesity, flare-up of sciatica, sleep apnea, and history of deep vein thrombosis. Medical records (3-7-15 to 7-25-15) indicate ongoing complaints of low back pain and sciatic pain. He complained that his right lower leg swelling was "getting worse" on 7-25-15. He is currently taking Coumadin for DVT prevention. The injured worker indicated "mild and moderate" pain in the lumbosacral area with radiation of pain to the right leg. Lifting, bending, and walking were noted to aggravate the pain. The treating provider indicates, on examination, that he is "doing slightly worse", noting increased pain in his back and legs. His medications include Hydrocodone-APAP 5-500, 1 tablet twice daily as needed, Cephalexin 500mg four times daily, Coumadin 2mg every day, Gabapentin 300mg every day, Vicodin 5-500, 1 tablet twice daily, Warfarin 1mg tabs, and Zolpidem 10mg at bedtime every evening. Diagnostic studies have included x-rays of the lumbar spine. Treatment has included hot packs, ice packs, exercise, and medications. The treatment recommendations include physical therapy for the "affected area" for 4 weeks, a gym membership x 6 months, new x-rays and an MRI of the lumbar spine. The utilization review (8-7-15) indicates denial of the request for physical therapy, stating that "medical records indicate that the patient had previous physical therapy, however, the total number of treatment sessions completed or evidence of functional improvement is not clearly delineated".

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 4 weeks (Lumbar Spine): 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 MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. In this case, the injured worker has participated in an unknown number of previous physical therapy sessions without objective documentation of functional increase. Additionally, the quantity of sessions per week is not included with this request, therefore, the request for physical therapy x 4 weeks (lumbar spine) is determined to not be medically necessary.