

Case Number:	CM15-0174696		
Date Assigned:	09/16/2015	Date of Injury:	02/10/2010
Decision Date:	10/23/2015	UR Denial Date:	08/31/2015
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: 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 69-year-old female, who sustained an industrial injury on 2-10-10. Medical record indicated the injured worker is undergoing treatment for chronic lumbar discogenic pain, chronic left lumbar radicular syndrome with progressive weakness, disc protrusion at L4-5 and L5-S1 and gait dysfunction. Treatment to date has included oral medications including Tylenol 500mg and Ranitidine 75mg; cane for ambulation, physical therapy and activity modification. Currently on 8-17-15, the injured worker complains of intense thigh pain and left leg with numbness and weakness; she is having difficulty walking. She rates the pain 6 out of 10, intermittent to constant, intensified by standing and bending and resting seems to help the pain slightly. There are not new symptoms or changes. Work status is noted to be retired. Physical exam performed on 8-17-15 revealed an antalgic gait, limping and using a cane and light touch decreased in L5 distribution. The treatment plan included request for (EMG) Electromyogram study of left lower extremity, 6 physical therapy sessions and refilling Tylenol 500mg and Ranitidine 75mg. On 8-31-15, utilization review non-certified 6 physical therapy sessions noting there is no documentation of functional improvement from previous therapy sessions and there should have been ample time to transition to home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy (PT) to lumbar/left leg two (2) times a week for three (3) weeks (6 sessions): 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 69-year-old patient complains of pain in lower back and thigh, rated at 6/10, along with numbness and weakness in the left leg, as per progress report dated 08/17/15. The request is for OUTPATIENT PHYSICAL THERAPY (PT) TO LUMBAR/LEFT LEG TWO (2) TIMES A WEEK FOR THREE (3) WEEKS (6 SESS.). The RFA for this case is dated 08/17/15, and the patient's date of injury is 02/10/10. Diagnoses, as per progress report dated 0/17/15, included chronic lumbar discogenic pain, chronic left lumbar radicular syndrome with progressive weakness, disc protrusion at L4-5 and L5-S1, and gait dysfunction. Medications included Tylenol and Ranitidine. The patient is off work, as per the same progress report. MTUS Chronic Pain Management Guidelines 2009, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Given the patient's date of injury, it is reasonable to assume that the patient has had some physical therapy in the past. A request for 12 sessions of physical therapy is noted in progress report dated 05/15/14. The current request for six sessions of therapy is noted in progress report dated 08/17/15. The treater states sessions will help "to work on gait training, strengthening of the lower extremity, and lumbar stabilization." The reports, however, do not document the impact of prior therapy on the patient's pain and function. There is no discussion regarding the number of sessions completed until now. It is not clear why the patient has not transitioned to a home exercise program. Additionally, MTUS also allows for 8-10 sessions in non-operative cases. Hence, the request for 6 additional sessions appears excessive and IS NOT medically necessary.