

Case Number:	CM15-0176997		
Date Assigned:	10/07/2015	Date of Injury:	09/01/1995
Decision Date:	11/18/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	09/08/2015

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: New York, West Virginia, Pennsylvania
 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:

This injured worker is a 71 year old female who reported an industrial injury on 9-1-1995. Her diagnoses, and or impressions, were noted to include: lumbar disc displacement without myelopathy, "thoracts" or lumbosacral neuritis or radiculitis; and lumbago. No current imaging studies were noted; imaging studies of the lumbar spine were done 4-16-2013, thoracic spine on 6-9-2009; and electrodiagnostic studies of the bilateral lower extremities on 5-18-2009. Her treatments were noted to include: several sessions of physical therapy in 1996; >10 acupuncture sessions; transcutaneous electrical stimulation unit therapy; heat-ice therapy; exercises; medication management; and rest from work as she was noted to be retired. The progress notes of 7-30-2015 reported: ongoing pain that was tolerable, noting an aggravation of pain since visiting family 6 weeks and resulting in a flare-up of low back pain, rated 8 out of 10, that radiated down the bilateral lower extremities, right > left, in a posterolateral pattern up to the knee; that her pain was aggravated by prolonged sitting and activity; of constant headaches; that she continued to walk; that she was not working; and that she requested a trial of physical therapy before considering injections. The objective findings were noted to include: a loss of cervical lordosis with painful neck movements, positive Spurling's maneuver, and tenderness in the cervical spine ant trapezius; loss of normal lumbar lordosis with straightening of the lumbar spine, restricted range-of-motion and bilateral tenderness and tight muscle bands; decreased motor strength in the left "EHL" and "anti-tib"; diminished sensation dorsum of left foot; and that historically she responded well to physical therapy. The physician's requests for treatment were noted to include 8 sessions of physical therapy for her lumbar spine (2 x a week for 4

weeks). The Request for Authorization, dated 7-30-2015, included the request for 8 sessions of physical therapy for her lumbar spine, 2 x a week for 4 weeks. The Utilization Review of 8-7-2015 modified the request for 8 sessions of physical therapy for the lumbar spine, to 3 sessions (non-certifying 5 sessions of physical therapy).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 5 sessions lumbar spine: 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: Guidelines state that physical therapy is recommended for short term relief during the early phase of pain treatment. Patients are expected to continue active therapy at home in order to maintain improvement levels. In this case, the patient is experiencing a flare up of low back pain. The patient has had a good response to PT in the past. In this case, three sessions of PT would be supported by guidelines. The request for 8 physical therapy sessions is not medically necessary and appropriate.