

Case Number:	CM15-0177815		
Date Assigned:	09/18/2015	Date of Injury:	03/13/2014
Decision Date:	10/21/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	09/09/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 43 year old male who sustained an industrial injury on 03-13-2014. Diagnoses include lumbosacral musculoligamentous strain-sprain, lumbosacral spine discogenic disease, and displacement of lumbar intervertebral disc without myelopathy. A physician progress note dated 07-02-2015 documents the injured worker complains of pain in his lower back that he rates as a 5 out of 10 on the Visual Analog Scale, which has decreased from 7 out of 10 on his last visit. There is grade 2 tenderness to palpation over the lumbar paraspinal muscles and spasm which has remained the same since his last visit. He has restricted range of motion and straight leg raise test is positive bilaterally. The injured worker states that his endurance has increased and his function and activities of daily living have improved. He states the treatments work well for a short period of time. Treatment to date has included diagnostic studies, medications, 18 sessions of physical therapy and 21 sessions of chiropractic therapy. A Magnetic Resonance Imaging of the lumbar spine done on 06-26-2015 revealed L5-S1 mild central canal and right lateral recess narrowing secondary to a broad based disc bulge or protrusion, and the facets are mildly degenerated with mild foraminal narrowing. At L4-5 there is mild facet degeneration without compromise of the neural elements. Current medications were not documented. On 08-05-2015 the Utilization Review non-certified the request for physical therapy 2x6 to lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6 to lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back chapter.

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

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for physical therapy sessions. Physical Medicine Guidelines Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The patient has completed 18 sessions of physical therapy to date. The above request would also exceed the current amount of sessions that is recommended. There is no documentation stating why an independent home exercise program would be insufficient to address any remaining deficits at this time. According to the clinical documentation provided and current MTUS guidelines; Physical therapy, as written above, is NOT indicated as a medical necessity to the patient at this time.