

Case Number:	CM15-0177842		
Date Assigned:	10/19/2015	Date of Injury:	03/26/2014
Decision Date:	12/08/2015	UR Denial Date:	09/01/2015
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: North Carolina
 Certification(s)/Specialty: Family Practice

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 39 year old, male who sustained a work related injury on 3-26-14. A review of the medical records shows he is being treated for low back pain. In the progress notes dated 7-28-15 and 8-25-15, the injured worker reports he experienced an "increase in symptoms with physical therapy, but is tolerating the exercises overall." On physical exam dated 8-25-15, he has midline tenderness in lumbar area. He has decreased range of motion in lumbar spine - forward flexion is 25 degrees, extension is 20 degrees, right and left lateral bending is at 20 degrees bilaterally. He has a positive right straight leg raise sitting and supine. He has 5 out of 5 muscle strength in legs. Sensation is intact to all dermatomes. Treatments have included lumbar transforaminal epidural injections, physical therapy-unknown number of sessions, he had an increase in symptoms, and medication. Current medications include Tramadol. He is temporarily totally disabled. The treatment plan includes requests for physical therapy and refill of Tramadol. In the Utilization Review dated 9-1-15, the requested treatment of physical therapy 2 x 6 for HP, ultrasound, massage, range of motion and strengthening of lumbar area is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy twice a week for six week for HP, U/S, Massage, Range of motion and Strengthening, Lumbar: 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: 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 requested amount of physical therapy is in excess of California chronic pain medical treatment guidelines. The patient has already completed a course of physical therapy. There is no objective explanation why the patient would need excess physical therapy and not be transitioned to active self-directed physical medicine. The request is not medically necessary.