

Case Number:	CM15-0178771		
Date Assigned:	09/21/2015	Date of Injury:	02/26/2015
Decision Date:	10/22/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/11/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59 year old male, who sustained an industrial injury on 2-26-15. The injured worker was diagnosed as having displacement of lumbar intervertebral disc without myelopathy; thoracic or lumbosacral neuritis or radiculitis unspecified. Treatment to date has included physical therapy; medications. Diagnostics studies included MRI lumbar spine 6-18-15; x-ray lumbar spine (2-26-15). Currently, the PR-2 notes dated 8-3-15 indicated the injured worker was in the office on this date for re-evaluation concerning a painful condition about the lumbar spine. The provider documents the injured worker had a MRI of the lumbar spine 6-18-15. He states that he continues to have radiating pain down the right lower extremity. On physical examination the provider documents "Inspection of the lumbar spine reveals no gross deformity. There is spasm about the right lower lumbar region. The patient complains of pain with motion. There is point tenderness upon palpation about the right lower lumbar region. Lasegue's test is positive on the right. Range of motion: flexion 60 of 60, extension 20 of 25, lateral bend to the right 20 of 25 and lateral bend to the left 20 of 5 degrees. Lower limb vascular examination: dorsalis pedis and posterior tibials artery is 2+. Neurologic examination [in all planes is] normal. Sensory - decreased sensation to the dorsal aspect of the right foot." The provider documents the "MRI scan of the lumbar spine done on June 18, 2015, demonstrates 4mm disc protrusion ongoing to the right side at L4-5." The injured worker has had prior physical therapy in 2015. The physical therapy note dated 9-4-115 showed "Visit No: 17". This note documents the "patient unable to perform multiple exercises today due to reports of high levels of pain. Patient ambulating with a forward trunk lean posture and apprehensive with

supine to sit transfers." Prior physical therapy notes were also submitted for review indicating the same type of low back pain with lower extremity symptomology. A Request for Authorization is dated 9-11-15. A Utilization Review letter is dated 8-13-15 and non-certification was for Physical therapy 3 x 4 to lumbar spine. Utilization Review denied the requested treatment for not meeting the CA MTUS Guidelines. The provider is requesting authorization of Physical therapy 3 x 4 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 3 x 4 to lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in February 2015 and continues to be treated for low back pain with right lower extremity radiating symptoms. Treatments have included physical therapy with completion of 12 sessions as of 01/17/15. When seen in August 2015, he had right lower lumbar muscle spasms. There was positive Lasegue testing. He had decreased and painful lumbar spine range of motion and decreased sensation over the dorsal aspect of the right foot. An additional 12 physical therapy treatment sessions were requested. In terms of physical therapy for this condition, guidelines recommend up to 12 treatment sessions over 8 weeks and the claimant has already had physical therapy appropriate to his condition. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of additional visits requested is in excess of that recommended or what might be needed to finalize a home exercise program and does not reflect a fading of skilled treatments. The request is not medically necessary.