

Case Number:	CM15-0178837		
Date Assigned:	09/21/2015	Date of Injury:	05/04/2015
Decision Date:	10/22/2015	UR Denial Date:	08/27/2015
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 30 year old female who sustained an industrial injury on 6-4-15. A review of the medical records indicates she is undergoing treatment for Sciatica. Medical records (5-4-15 to 8-21-15) indicate ongoing complaints of low back pain with spasms, rating the pain 5-6 out of 10. She reports that she has a history of right-sided thoracic outlet syndrome and recently received a scalene injection, which significantly improved her symptoms (5-4-15). She reports using ice and Tylenol for symptoms of pain. On 6-5-15, she was noted to be working with physical therapy on "pelvic alignment". She reports that this is causing increased pain to her knees and described it as the pain "jolting down the legs". Her medications included Adderall XR, Ibuprofen, and Lidoderm patches. The treatment recommendations were to continue physical therapy, but change to an alternative focus: core strengthening and stretching. She was referred to acupuncture on that visit (6-5-15). On 6-19-15, she continued to work with physical therapy and rated her pain 5 out of 10. She stated that she "definitely feels making progress". The treating provider continued to refer to acupuncture, as well as physical therapy continuation. Modified work restrictions continued. On 7-14-15, she was noted to be using Clonazepam, Nizoral cream, and Naproxen, in addition to the above-noted medications. On 8-21-15, the treating provider indicated that she is "making progress with PT and working toward specific functional goals with high motivation to return to work without restrictions". Additional physical therapy was recommended. A total of at least 12 sessions of physical therapy have been completed. The utilization review (8-27-15) indicates a request for 8 sessions of physical therapy. The treatment request was denied due to the fact that the "claimant has been afforded at

least 31 physical therapy treatments and there is now a request for additional physical therapy. No documentation of medical necessity or clinical efficacy, supported by high-quality scientific evidence-based guidelines, has been submitted to justify this request or to demonstrate the efficacy of the proposed program as opposed to a home exercise program".

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight sessions of physical therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 June 2015 and continues to be treated for low back pain with sciatic symptoms. As of 07/31/15 there had been 12 physical therapy treatment sessions after the initial evaluation. When seen, she was performing home exercises. There had been significant improvements. She was having ongoing difficulty with prolonged activities and with prolonged sitting. Physical examination findings included pain with lumbar flexion and she was noted to shift positions during the examination. She had pain with prolonged sitting. Additional physical therapy was requested. In terms of physical therapy for sciatica, guidelines recommend up to 12 treatment sessions over 8 weeks and the claimant has already had physical therapy. 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. The request is not medically necessary.