

Case Number:	CM15-0179508		
Date Assigned:	10/08/2015	Date of Injury:	11/18/2014
Decision Date:	11/18/2015	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: Arizona, California

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 52 year old female, who sustained an industrial injury on 11-18-14. She is diagnosed with lumbar disc displacement without myelopathy and lumbar spinal stenosis. Her work status is modified duty. Notes dated 7-6-15 -8-20-15 reveals the injured worker presented with complaints of constant low back pain with radiation of pain, numbness and tingling down her bilateral lower extremities to the soles of her feet (right greater than left). She reports it feels as if something is catching in her low back and causes her to freeze while ambulating. The pain is increased with prolonged walking, standing and sitting and lifting greater than 5-10 pounds and decreases with rest, position changes and medication. A physical examination dated 8-18-15 revealed an altered gait, spasm and guarding at the base of the lumbar spine and decreased sensation in the L2, left L3, L4, L5 and S1 noted. Treatment to date has included medications, chiropractic care and physical therapy. A lumbar epidural steroid injection did not provide relief per note dated 8-20-15. Diagnostic studies to date have included lumbar spine x-ray (2014), lumbar spine MRI (2-2015) and bilateral lower extremities electrodiagnostic study (6-2015). A request for authorization dated 8-20-15 for 6 additional physical therapy sessions for the low back is non-certified, per Utilization Review letter dated 8-27-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy, six sessions for the lower back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified: 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified: 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS): 24 visits over 16 weeks. According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. The claimant had completed an unknown amount of therapy earlier in the year. Consequently, additional physical therapy sessions are not medically necessary.