

Case Number:	CM15-0021835		
Date Assigned:	02/11/2015	Date of Injury:	10/23/2008
Decision Date:	04/09/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/05/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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:

This 46-year-old woman sustained an industrial injury on 10/23/2008. The mechanism of injury is not detailed. Current diagnoses include grade one spondylolisthesis at L5-S1 with bilateral lower extremity radiculopathy, status post bilateral carpal tunnel release with residuals, 5mm disc herniation at L3-L4, and enthesopathy of the hip region. Physician notes dated 11/21/2014 show complaints of constant low back pain with radiation to the left lower extremity. Treatment has included oral medications and left hip injection. Physician notes dated 11/21/2014 show complaints of low back pain with radiation to the left lower extremity. Recommendations include refilling of medications, activity restrictions, and physical therapy. On 1/13/2015, Utilization Review evaluated a prescription for physical therapy visits for the lumbar spine and left hip, distributed at two to three sessions per week for six weeks that was submitted on 2/3/2015. The UR physician noted the worker has previously completed physical therapy, however, has had a recent exacerbation of symptoms. Some physical therapy may be allowed to restore function and update the worker's home exercise program. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was modified and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2-3 times a week for 6 weeks for the lumbar spine and left hip:
 Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation ODG, Low Back, Physical Therapy.

Decision rationale: Per MTUS CPMTG, physical medicine guidelines state: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine."Per the ODG guidelines: Lumbar sprains and strains (ICD9 847.2):10 visits over 8 weeks. Sprains and strains of unspecified parts of back (ICD9 847):10 visits over 5 weeks. The records submitted for review indicate that the injured worker has previously completed physical therapy, but has experienced an exacerbation of her symptoms. A six-visit trial of physical therapy is indicated. The request is medically necessary. It should be noted that the UR physician has certified a modification of the request for 3 visits.