

Case Number:	CM15-0026877		
Date Assigned:	02/19/2015	Date of Injury:	06/28/2011
Decision Date:	04/03/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/12/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 37 year old female, who sustained an industrial injury on June 28, 2011. The injured worker had reported low back pain. The diagnoses have included herniated nucleus pulposus of lumbar five-sacral one, lumbar spinal stenosis, lumbar facet hypertrophy and lumbar radiculopathy. Treatment to date has included pain medication, back brace, x-rays, MRI of the lumbar spine, epidural steroid injections, physical therapy and percutaneous epidural compression neuroplasty for the lumbosacral nerve root with bilateral medial branch blocks. The documentation notes that the injured worker had physical therapy in the past with no improvement of symptoms. Current documentation dated December 29, 2014 notes that the injured worker complained of ongoing low back pain and depression due to pain and the lack of function. On January 8, 2015 Utilization Review non-certified a request for physical therapy two times a week for six weeks to the lower back. The MTUS, Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, were cited. On February 12, 2015, the injured worker submitted an application for IMR for review of physical therapy two times a week for six weeks to the lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lower back, twice weekly for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The patient presents with constant unrated pain to the lower back and bilateral legs. The patient's date of injury is 06/26/11. Patient has no documented surgical history directed at this complaint. The request is for PHYSICAL THERAPY FOR THE LOWER BACK TWICE WEEKLY FOR SIX WEEK. The RFA was not provided. Physical examination dated 12/29/14 reveals extreme pain upon flexion and extension of the lumbar spine, positive straight leg raise test bilaterally, decreased sensation to the L5 and S1 dermatomes bilaterally. The patient's current medication regimen was not provided. Diagnostic imaging included lumbar MRI dated 04/09/14, significant findings include: "L5-S1 there is mild to moderate disc height loss with a right paracentral to right foraminal disc protrusion measuring 3mm..." Per progress note dated 12/29/14, patient is classified as temporarily totally disabled for 6 weeks. MTUS Chronic Pain Medical Treatment Guidelines, pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." Treater is requesting 12 sessions of physical therapy for the management of this patient's continuing lower back pain. There is no documentation of previous physical therapy or efficacy of such therapies to date. While conservative therapies such as physical therapy are recommended first-line treatments for complaints such as this, the specified number of sessions exceeds guideline recommendations, which specify only 10. Therefore, this request IS NOT medically necessary.