

Case Number:	CM15-0037978		
Date Assigned:	03/06/2015	Date of Injury:	07/09/2013
Decision Date:	04/20/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/27/2015

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:

This 56-year-old female sustained an industrial injury on 7/9/13, with subsequent ongoing low back pain. Magnetic resonance imaging lumbar spine (11/26/13), showed mild degenerative changes of the lumbar spine with disc bulge at L2-3 with a probable small annular tear. Treatment included medications, physical therapy and chiropractic therapy. In a PR-2 dated 1/27/15, the injured worker complained of persistent low back pain 8-9/10 on the visual analog scale with radiation down the left leg associated with numbness and weakness. Physical exam was remarkable for lumbar spine and cervical spine with decreased range of motion, tenderness to palpation to the lumbar spine paraspinals, positive Kemp's sign bilaterally, positive straight leg raise on the left and decreased strength and sensation to the left leg. Current diagnoses included chronic cervical strain, chronic lumbar strain, bilateral arm pain and circumferential bulge at L2-3. The treatment plan included physical therapy two times a week for four weeks to the lumbar spine, spine consultation and urine toxicology screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy visit, 2 times weekly for 4 weeks (8 visits) for lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Integrated Treatment/Disability Duration Guidelines and Physical Therapy Guidelines, Low Back chapter.

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

Decision rationale: According to the 01/27/2015 report, this patient presents with ongoing low back pain. The current request is for Physical Therapy visit, 2 times weekly for 4 weeks (8 visits) for lumbar spine. The request for authorization is on 02/04/2015. The patient's work status is modified. For physical medicine, MTUS guidelines pages 98, 99 state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. The medical reports provided for review show no previous therapy and no discussion regarding the patient's progress. There is no documentation that the patient is in a post-operative time frame regarding physical therapy. There is no documentation of flare-up or a new injury to warrant formalized therapy. The treater does not discuss the patient's treatment history or the reasons for requested additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. The current request is not medically necessary.