

Case Number:	CM15-0038529		
Date Assigned:	03/09/2015	Date of Injury:	12/03/2012
Decision Date:	06/17/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	03/02/2015

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, Hawaii

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 67 year old female, who sustained an industrial injury on 12/03/2012, after a trip and fall. She reported low back pain. The injured worker was diagnosed as having disc bulges, lumbar spine. Treatment to date has included diagnostics, medications, and physical therapy. The Doctor's First Report of Occupational Illness or Injury (8/19/2014) documented 24 sessions of physical therapy to date with minimal benefit. Aquatic therapy was then recommended. On 12/22/2014, the injured worker complained of pain in the right leg and low back, with radiation to the buttocks, and also pain in her inner thigh. Pain was rated 4-5/10. She reported that physical therapy helps, along with some adjustments therapists did. Objective findings noted pain in the lumbar spine at L3-S1 and complaints of leg cramping and muscle tightness in the right thigh. Current medication regime was not noted. The treatment plan included medication and additional physical therapy. A prior progress report (11/12/2014) also recommended cortisone injection (declined) and physical therapy. Work status was modified with restrictions. Only 1 physical therapy note (12/11/2014) was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 3 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The patient presents with pain affecting the right leg and low back with radiation to the buttocks and inner thigh. The current request is for Physical therapy 2 times a week for 3 weeks for the lumbar spine. The requesting treating physician report was not found in the documents provided. A report dated 12/22/14 (4B) states, "I recommend" 12 more sessions of physical therapy which we will work on getting approved". The UR report dated 1/29/15 (7B) notes that the patient had received at least 6 sessions of PT previously. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided, show the patient has received prior physical therapy. In this case, the patient has received at least 6 visits of physical therapy to date and the current request of an additional 6 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. Recommendation is for denial and is not medically necessary.