

Case Number:	CM15-0067111		
Date Assigned:	04/15/2015	Date of Injury:	06/16/2011
Decision Date:	05/14/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/08/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 58-year-old female sustained an industrial injury to the right leg on 6/16/11. The injured worker later developed low back pain. Previous treatment included magnetic resonance imaging, electromyography, physical therapy, epidural steroid injections and medications. In a PR-2 dated 12/29/14, the injured worker reported a flare-up of pain to the low back. The injured worker rated her pain as 7-10/10 on the visual analog scale. Current diagnoses included lumbago, displacement of lumbar disc without myelopathy, pitting syndrome and sciatica. The treatment plan included an epidural steroid injection at L5-S1, medications (Terocin, tramadol, Naproxen Sodium, Omeprazole and Neurontin) and ten sessions of physical therapy. In a PR-2 dated 1/26/15, physical therapy had been denied. The injured worker complained of a flare-up of low back pain rated 7-10/10. The physician requested a spine surgical consultation, continuing current medications and requesting 10 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, twice weekly, QTY: 10, for the low back: Upheld

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

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

Decision rationale: Physical therapy, twice weekly, QTY: 10, for the low back is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's low back condition. The documentation, dated 4/13/15, which is an appeal to the denial of PT, states that the patient is reporting a relapse and would benefit from additional PT. The MTUS recommends a transitioning of supervised physical therapy to an independent home exercise program. The prior PT documents are not submitted for review indicating evidence of objective measurable functional improvement from these sessions. Furthermore, it is unclear why the patient requires 10 more supervised PT sessions and is unable to perform a self-directed home exercise program, which she should be well versed in by now. The request for physical therapy is not medically necessary.