

Case Number:	CM15-0074396		
Date Assigned:	04/24/2015	Date of Injury:	05/07/2012
Decision Date:	05/22/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/20/2015

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 60 year old male who sustained an industrial injury on 05/07/2012. The injured worker was diagnosed with lumbar degenerative disc disease, lumbar strain with spondylosis and foraminal stenosis and right medial meniscus tear. The injured worker is status post partial medial meniscectomy and chondroplasty in November 2012. Treatment to date includes diagnostic testing, surgery, acupuncture therapy, physical therapy and medications. According to the primary treating physician's progress report on March 19, 2015, the injured worker continues to experience low back pain with numbness and tingling into the right lower extremity rated at 8/10. Physical examination demonstrated decreased sensation of the right anterior tibia and right lateral calf with decreased Achilles reflexes bilaterally. The lumbar spine noted decreased range of motion. Current medications are listed as Ibuprofen and Prilosec. Treatment plan consists of continuing with medication and proton pump inhibitor for heartburn and the current request for physical therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for low back Qty 12: Upheld

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

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

Decision rationale: Based on the 03/19/15 progress report provided by treating physician, the patient presents with back pain rated 8/10. The request is for PHYSICAL THERAPY FOR LOW BACK QTY: 12. The patient is status post partial medial meniscectomy and chondroplasty in November 2012. RFA dated 04/06/15 provided. Patient's diagnosis on 03/19/15 included lumbar strain with L4-5, L5-S1 spondylosis with foraminal stenosis. Treatment to date includes diagnostic testing, surgery, acupuncture therapy, physical therapy and medications. Patient's medications included Ibuprofen and Prilosec. Patient is permanent and stationary, per 03/19/15. MTUS pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency, from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Treater has not provided reason for the request. Given patient's diagnosis and continued symptoms, a short course of physical therapy would be indicated by guidelines. However, treater has not provided a precise treatment history, nor documented efficacy of prior therapy. There is no explanation of why on-going therapy is needed, nor reason patient is unable to transition into a home exercise program. Furthermore, the request for 12 sessions would exceed what is allowed by MTUS. Therefore, the request IS NOT medically necessary.