

Case Number:	CM15-0075138		
Date Assigned:	04/27/2015	Date of Injury:	07/29/2000
Decision Date:	12/03/2015	UR Denial Date:	04/09/2015
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, 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 62 year old male, who sustained an industrial injury on July 29, 2000. Medical records indicate that the injured worker is undergoing treatment for lumbosacral disc herniation, lumbar spondylosis, hip-pelvic pain and low back pain. The injured worker is permanently disabled. On (3-3-15 and 3-11-15) the injured worker complained of low back pain that radiated to the buttock and right lower extremity to the foot. The injured worker also noted left hip pain. The pain was described as a dull aching pain. The pain was rated 7 out of 10 on the visual analogue scale. The pain makes it difficult for the injured worker to walk. He can no longer stand, sit or walk for long periods. The injured worker can do some of his activities of daily living, but needs help with shopping, medications and gardening. Examination of the lumbar spine revealed tenderness of the lumbar spine and facet joints. Range of motion revealed decreased flexion, extension and lateral bending. Prior physical therapy notes were not provided. Treatment and evaluation to date has included medications, MRI of the lumbar spine, Toradol injections, radiofrequency ablation, lumbar epidural steroid injections, physical therapy (unspecified amount per 9-24-14 progress note) and a urine drug screen. Current medications include Doxepin Hcl, Diclofenac Sodium DR, Furosemide, Lyrica, Orphenadrine Citrate, Zolpidem Tartrate ER, Hydrocodone-acetaminophen, Amlodipine Besylate, Simvastatin, Lisinopril and pain relief cream. The current treatment request is for continued physical therapy for the lumbar spine three times a week for 6 weeks # 18. The Utilization Review documentation dated 4-9-15 non-certified the request for continued physical therapy for the lumbar spine three times a week for 6 weeks # 18.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar spine, 3 times a week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Work Loss Data Institute - Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient presents with low back, left hip, and right leg pain radiating from the buttocks down the right leg and right foot. The current request is for physical therapy for the Lumbar Spine, 3 times a week for 6 weeks. The report making the request was not made available. However, the 03/03/2015 (26B) report notes, "He has not done physical therapy. He has done LES injections in the past (the last one was 3 years ago)." No physical therapy reports were provided for review. The patient is not post-surgical. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. In this case, while a short course of physical therapy is appropriate given the patient's symptoms, the requested 18 sessions exceed MTUS Guidelines. The current request is not medically necessary.