

Case Number:	CM15-0098953		
Date Assigned:	06/12/2015	Date of Injury:	11/30/2010
Decision Date:	07/15/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/22/2015

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 (IW) is a 59 year old male who sustained an industrial injury on 11/30/2010. The initial report of injury and/or mechanism of injury are not found in the medical records provided. The injured worker was diagnosed as having lumbar sprain, lumbosacral disc degeneration, lumbar spinal stenosis, unspecified arthropathy, and leg joint pain. Treatment to date has included facet joint injections (10/20/2014) lumbar epidural steroid injection, physical therapy, chiropractic care, and acupuncture. Currently, the injured worker presents on 04/29/2015 for a follow-up complex Pain Management evaluation. He has completed five of six physical therapy sessions which he feels have been helpful for improving his range of motion and strength. The pain levels have not dramatically changed as he continues to require Percocet. He is actively working on weight-loss efforts. His current complaint is of right-sided low back pain that is aggravated with extended bending or twisting movements. The worker denies any weakness or problems with his lower extremities. His medications include Percocet for moderate to severe pain and Dilaudid for breakthrough pain. He currently rates his pain as a 3- 5/10 with use of medications and a 7-8/10 without them. The worker currently notes 40-50% improvement of pain and function with use of Percocet. On examination, the worker has bilateral lumbar paraspinous tenderness from L4-S1 with slight tenderness over the facet joints at the right L4-L5 and L5-S1 discomfort with lumbar extension, right lateral bending, and rotation. His lumbar flexion is 55 degrees, extension is 20 degrees, right lateral bending is 20 degrees, and left lateral bending is 20 degrees. The plan of care is to continue physical therapy sessions (he has completed five of six) and request additional sessions. Consider proceeding with lumbar

radiofrequency rhizotomy if indicated, and request random drug screening to monitor, document, and ensure patient compliance with use of schedule III and schedule II prescription medications. A request for authorization of Physical therapy 1 times 6 for lumbar spine and Urine drug screen times 1 is submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 1 times 6 for lumbar spine: 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: The patient presents on 04/29/15 with unrated lower back pain. The patient's date of injury is 11/30/10. Patient is status post lumbar facet injections, lumbar epidural steroid injection at L4-5 level on 06/27/13, and right sided L4 through S1 medial branch blocks at a date unspecified. The request is for Physical Therapy 1 times 6 for Lumbar Spine. The RFA is dated 05/01/15. Progress note dated 04/29/15 reveals tenderness to palpation of the bilateral lumbar paraspinal muscles from L4 to S1 with facet tenderness at L4-5 and L5-S1 levels. The patient is currently prescribed Percocet, Lisinopril, and Dilaudid. Diagnostic imaging was not included. Patient's current work status is not provided. MTUS pages 98, 99 have 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." In regard to the 6 additional physical therapy sessions for the lumbar spine, the provider has exceeded guideline recommendations. The documentation provided indicates that this patient has completed 5 of 6 authorized physical therapy visits to date, with noted improvements in core strength and range of motion. MTUS allows for 8-10 sessions of physical therapy for complaints of this nature, the 6 requested sessions in addition to those already completed exceeds these recommendations. There is no discussion as to why this patient is unable to transition to a self-directed physical therapy regimen, either. Therefore, the request is not medically necessary.