

Case Number:	CM15-0099313		
Date Assigned:	06/01/2015	Date of Injury:	03/03/1998
Decision Date:	07/09/2015	UR Denial Date:	05/13/2015
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 is a 51 year old female, who sustained an industrial injury on 3/3/1998. She reported low back pain. The injured worker was diagnosed as having lumbosacral spondylosis, lumbosacral sprain, and lumbar disc displacement. Treatment to date has included medications, acupuncture, and home exercise program. The request is for physical therapy for the lumbar spine, and a full panel drug screen. On 5/6/2015, she complained of continued low back pain she rated 4/10 with medications and 8/10 without medications. She indicated her pain to be about the same. She stated she uses Tramadol for severe pain and naproxen for inflammation. She reported medications to be helpful and is attending acupuncture sessions which are also helpful. Physical findings revealed negative straight leg raise and bowstring testing; a normal gait; and tenderness is noted of the lumbar area with palpable spasms. She is doing a home exercise program as tolerated. The treatment plan included: physical therapy, and a urine drug screen. There are no aberrant behaviors indicated.

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 4 weeks, lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Physical medicine guidelines.

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

Decision rationale: The patient presents with low back pain rated 4/10 with medications and 8/10 without. The patient presents with the request is for PHYSICAL THERAPY 2 TIMES A WEEK FOR 4 WEEKS, LUMBAR. Patient's treatments have included medications, home exercise program, physical therapy and acupuncture with benefits. Per 05/06/15 progress report, patient's diagnosis include musculoligamentous sprain/strain, lumbosacral spins, and underlying lumbar spondylosis. Patient's work status is modified duties. MTUS page 98 and 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 page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. Treater has not provided reason for the request. In this case, only one progress report was provided in which the treater states that the patient has had physical therapy in the past and has found it helpful. However, it is not clear how many sessions of physical therapy the patient has completed. Furthermore, treater has not provided documentation or discussion on why additional therapy is needed. The request does not meet guideline recommendations and therefore, it IS NOT medically necessary.