

Case Number:	CM17-0013754		
Date Assigned:	01/26/2017	Date of Injury:	11/02/2016
Decision Date:	02/17/2017	UR Denial Date:	12/20/2016
Priority:	Standard	Application Received:	01/20/2017

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: Pennsylvania

Certification(s)/Specialty: Family Practice

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 45 year old male who sustained an industrial injury on November 02, 2016. The patient is being treated for "herniated intervertebral disc of lumbar spine, radiculopathy secondary to herniation, lumbar paraspinal muscle spasm. Subjective complaint reported November 07, 2016 visit noted the patient worsened with "new numbness to below right knee." There was back pain radiating downward. November 21, 2016 follow up noted complaint of lumbar spine pain with "left numbness." The patient also reported the right leg with less numbness. Objective documentation showed a request for authorization November 14, 2016 chiropractic services 2x3 requested and November 21, 2016 for acupuncture evaluate and treat 2x3. November 29, 2016 a request for authorization for orthopedic spine specialist evaluate and treat. December 08, 2016 consulting visit with recommendation for physical therapy sessions, epidural injection continuing conservative measures before consideration of surgical inter-vention. Medication regimen listed Norco, Orphenadrine Citrate ER, Ketoprofen and Lidocaine patch. Treatment rendered included diagnostic testing, consultation, activity modification, temporary total disability, hot and cold therapy, transcutaneous nerve stimulator unit, intramuscular injection, #3 sessions chiropractic, consultation, home exercises and follow up. On December 08, 2016 a request was made for physical therapy session 3x4 evaluate and treat and for epidural injection at L4 L5 level that were modified by Utilization Review on December 20, 2016 accommodating x1 lumbar epidural L4 L5 and 10 sessions physical therapy with 2 remaining sessions eligible for independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy evaluation and treatment 3 times a week for 4 weeks (12 sessions) was the original request. Physical therapy for 10 sessions was authorized by the Claims Administrator. The remaining IMR eligible portion of the original request, 2 sessions of physical therapy is: Upheld

Claims Administrator guideline: The Claims Administrator based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Lumbar Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Physical medicine treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical therapy/Preface.

Decision rationale: The MTUS guidelines for physical therapy includes 9-10 visits over 8 weeks for myalgia and myositis, 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis, 26 visits over 16 weeks for CRPS, 9 visits over 8 weeks for arthritis, and 1-2 visits over 1 week post-injection treatment. The guidelines also state "patients should be formally assessed after a "6 visit clinical trial" to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy." The ODG states, "when treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." According to the medical record, this worker has back pain radiating into the lower extremities. Up to 10 sessions of physical therapy may be appropriate but this original request was for 12 sessions which exceeds the guidelines and cannot be considered medically necessary and appropriate particularly without first evaluating the response to the initial sessions. Therefore this request for the remaining IMR eligible portion of the original request, 2 sessions of physical therapy is not medically necessary and appropriate.