

Case Number:	CM14-0169226		
Date Assigned:	10/17/2014	Date of Injury:	02/19/2009
Decision Date:	12/26/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/14/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 54-year-old that s/p surgery in 2008 & 2012 to the lumbar spine (specific surgery is unavailable in the record). The medical record is 22 pages and very limited in information. The injured worker has persistent low back pain that radiates down both lower extremities. Symptoms become worse with activity. He walks for exercise for approximately 20 minutes. Tramadol helps with pain. Norco is used when the pain becomes somewhat uncontrolled. He denies taking Norco too often. Physical examination was notable for tenderness for lumbar paraspinal muscles with decreased range of motion. Neurologically, there was nothing focal. The assessment was low back pain with radiculopathy status post 2 lumbar spine surgeries (2008 & 2012). The injured worker is content with his current activity level. He takes tramadol four-time a day and there are no side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back, Physical Therapy

Decision rationale: Pursuant to the Official Disability Guidelines, physical therapy 12 sessions to the lumbar spine is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). The guidelines vary depending upon the malady for which the injured worker is receiving treatment. See guidelines for details. In this case, the injured worker underwent surgery in both 2008 and 2012. Medical record is somewhat limited in details and it is unclear how many physical therapy sessions (in total) the injured worker underwent. The injured worker continues to have low back pain that radiates to the left lower extremity. The injured worker walks daily for 20 minutes at a time, does stretches and has been functional and independent around the house. The medical record does not contain additional clinical evidence or rationale as to why the injured worker requires additional physical therapy. At a minimum, the injured worker received 12 sessions of physical therapy (unknown amount) and the injured worker should be able to perform home exercises at home based on the prior therapy. The medical record contained a few brief progress notes. The record was limited to 22 pages that were largely utilization reviews. Consequently, absent clinical indications and a clinical rationale for additional physical therapy, physical therapy 12 sessions to lumbar spine is not medically necessary.