

Case Number:	CM14-0173763		
Date Assigned:	10/27/2014	Date of Injury:	02/15/2011
Decision Date:	12/04/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/21/2014

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 Family 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:

This is a 58 year old female injured worker who sustained a work related injury on 2/15/11. Injured worker sustained the injury when she was serving as a food server. The current diagnoses include lumbar spinal stenosis, L4-5 and LS-S1 spondylolisthesis, and degenerative disc disease. Per the doctor's note dated 9/5/14, injured worker has complaints of chronic and persistent low back pain that radiates into her right leg. Physical examination revealed diffuse paraspinal muscle tenderness and spasm, limited range of motion (ROM), positive Kemp's sign, Straight leg raise was positive on the right at 45 degrees, 4/5 muscle strength and decreased sensation to the lateral right foot. The current medication lists include Oxycontin, Klonopin and Duragesic patch. The injured worker has had X-rays of the Lumbar Spine that revealed disc degeneration and collapse present at L4-5 and L5-S1 and MRI of the lumbar spine on 6/17/14 that revealed facet hypertrophy, neural foraminal narrowing, instability at L4-5 and LS-S1 with advanced central and foraminal stenosis and degeneration. The injured worker's surgical history includes C-section. The injured worker has had lumbar facet blocks at bilateral L4-L5 and L5-S1 on 9/18/14 and lumbar ESI on 7/24/14 at L4 and L5. She has had a urine drug toxicology report on 4/17/14 and on 9/18/14 that was inconsistent. The injured worker has received an unspecified number of the physical therapy, acupuncture and chiropractic care visits for this injury.

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; 2 Times a Week for 8 Weeks: Upheld

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

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

Decision rationale: The guidelines cited below state, "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." The injured worker has received an unspecified number of the physical therapy, acupuncture and chiropractic care visits for this injury. Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified physical therapy sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current physical therapy evaluation for this injured worker. There was no evidence of ongoing significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Per the guidelines cited, "Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The request for Physical Therapy for the Lumbar Spine; 2 Times a Week for 8 Weeks is not fully established for this injured worker. Therefore, the request is not medically necessary.