

Case Number:	CM14-0198076		
Date Assigned:	12/08/2014	Date of Injury:	07/14/2012
Decision Date:	01/20/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/25/2014

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 California and is licensed to practice in Emergency Medicine. 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 case involves an injured worker with reported date of injury on 7/14/2012. Mechanism of injury is described as repetitive bending and lifting. The patient has a diagnosis of lumbar intervertebral disc disease without myelopathy and thoracic spine pain. The patient is post lumbar microdiscectomy on 11/14/13. Medical reports reviewed. Last report available is until 10/17/14. The patient complains of low back pain and occasional back spasms occurring randomly. Objective exam reveals normal gait, well healed lumbar scars, straight leg raise was negative bilaterally, positive lumbar facet loading bilaterally, strength was normal except 4+/5 right ankle plantar flexors, right great toe extension, and normal sensory exam. Justification for physical therapy was for "increase in joint range of motion, soft tissue modalities and core stretching and strengthening." MRI of lumbar spine on 9/19/13 reveals L2-3, L3-4 and L4-5 with 4mm protrusion with mild bilateral foraminal stenosis. MRI of thoracic spine on 10/9/13 reveals T7-8 and T8-9 with 2mm left paracentral protrusion with patent foramina. The patient has reportedly undergone 10 post surgery physical therapy sessions with no improvement. Medications include Tramadol and Trazodone. Independent Medical Review is for physical therapy 1/week for 6 weeks (6 total). Prior UR on 10/24/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 1 x week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: As per MTUS Chronic pain guidelines physical therapy (PT) is recommended for many situations with evidence showing improvement in function and pain. The patient has documented 10 physical therapy sessions that was completed and failed to show improvement. The provider has failed to document any improvement from prior sessions or provide a rationale as to why additional PT sessions are necessary. Therefore, this request is not medically necessary.