

Case Number:	CM14-0198085		
Date Assigned:	12/08/2014	Date of Injury:	02/07/2009
Decision Date:	01/20/2015	UR Denial Date:	11/07/2014
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 American Board 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 (IW) is a 52-year-old man with a date of injury of February 7, 2009. The mechanism of injury occurred as a result of crawling under a house. The current diagnoses are post laminectomy syndrome of lumbar region; pain in thoracic spine; osteoarthritis not otherwise specified, unspecified site; drug dependence; tobacco use disorder; depressive disorder; chronic pain syndrome; lumbosacral spondylosis without myelopathy; lumbago; thoracic or lumbosacral neuritis or radiculitis; sleep disturbance; and encounter for long-term use of other medications. Treatments have included medications, conservative care, ALDF L4-L5 on May 10, 2010, and left knee TKA on February 11, 2013 with injection. According to UR documentation, the IW was certified for 6 physical therapy (PT) sessions to the lumbar spine on October 20, 2013 and 4 more on October 22, 2014. There are not PT notes in the medical record, or documentation to confirm this. Pursuant to the October 17, 2014 progress note, the IW reports difficulty with restorative sleep despite current treatment. There are complaints of diffuse thoracic pain and diffuse low back pain. Objective documentation indicates that all appears within baseline level. There is no specific range of motion (ROM), motor, or orthopedic tests. Current medications include Viagra 50mg, MS Contin 200mg, Oxycodone Hcl 20mg, Cyclobenzaprine 7.5mg, Gabapentin 600mg, Mirtazapine 15mg, Naproxen Sodium 500mg, Miralax Powder 17 grams, Senna 8.6mg, and Zolof 100mg. The plan and discussion reports the spinal cord stimulator (SCS) trial and evaluation from psych is still pending. The provider states he will also order PT, as the IW is interested in participating in exercises. The IW is interested in detox. Detox consult will be set for next visit. The current request is for Physical therapy to the lumbar spine, 8 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Additional Physical Therapy Sessions Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Journal of Bone & Joint Surgery Dec. 2012; Smoking & Back pain

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, eight additional physical therapy sessions to the lumbar spine are 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). In this case, the injured worker is 52 years old with a date of injury February 7, 2009. There is no documentation in the medical record of objective functional improvement from physical therapy. There is no documentation in any of the progress notes in the body of the medical record indicating physical therapy was performed or additional physical therapy is required. The utilization review indicates the injured worker had six sessions of physical therapy to the lumbar spine. An additional four visits were authorized on October 22, 2014 (no documentation in the record). An additional eight sessions are now requested (no documentation in the medical record). Consequently, absent the appropriate clinical indication, clinical rationale and documentation supporting objective functional improvement, eight additional physical therapy sessions the lumbar spine are not medically necessary.