

Case Number:	CM14-0198849		
Date Assigned:	12/09/2014	Date of Injury:	10/17/2011
Decision Date:	01/29/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/26/2014

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 Practice and is licensed to practice in New Jersey. 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 sustained a work related injury on October 17, 2011, struck in the back when a heavy job box rolled down a hill. The injured worker was noted to have undergone a L3-L4 lumbar fusion in October 2012. The surgical report was not included in the documentation supplied. The injured worker received a L5-S1 transforaminal epidural steroid injection with L5 nerve root block on May 8, 2014. The injured worker received bilateral L4-L5 and L5-S1 facet injections on May 9, 2014. A Physical Therapy report dated August 22, 2014, noted the injured worker with improved core activation, with recommendation to continue physical therapy with focus on core activation and gluteal strengthening to increase lumbar stabilization. The Primary Treating Physician's report dated October 13, 2014, noted the injured worker had facet injections and twelve visits of physical therapy which seemed to help, with a decrease in medication noted. The injured worker was noted to have some limitations with movement, noting the therapy very helpful, however had not had good success with the home program. The injured worker was noted to be permanent and stationary. Physical examination noted the injured worker walking better with no analgia. The Physician noted some mild tenderness to palpation in the lumbosacral junction and decreased range of motion, improved since the last visit. The diagnosis was noted to be postlaminectomy back pain, L4-L5 and L5-S1. The Physician requested authorization for outpatient Physical Therapy to the low back two times a week for six weeks. On November 14, 2014, Utilization Review evaluated the request for outpatient Physical Therapy to the low back, citing the MTUS Chronic Pain Medical Treatment Guidelines. The UR Physician noted a previous request for additional physical therapy had been denied on October 27, 2014, with no new clinical information provided with the resubmitted physical therapy request. The UR Physician noted the injured worker had completed the MTUS recommended physical therapy for the condition, with a home exercise program in place. The UR Physician noted that based

upon the available documentation, medical necessity was not established for additional skilled therapy sessions beyond evidence based recommendations, with non-authorization of the request recommended. The decision was subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

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

Decision rationale: The request is considered not medically necessary. The patient has exceeded the recommended number of physical therapy sessions as per MTUS guidelines. The patient had 12 sessions, which helped but was unable to have continued success with the home exercise program. According to MTUS guidelines, the maximum number of sessions is 10 for myalgias/neuralgias which the patient has already exceeded with a subsequent recommendation for continuation of a home exercise program. An additional 12 physical therapy sessions would be medically unnecessary as per guidelines.