

Case Number:	CM14-0200603		
Date Assigned:	12/10/2014	Date of Injury:	08/31/2011
Decision Date:	01/27/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/01/2014

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 (IW) is a 33-year-old man with a date of injury of August 31, 2011. The mechanism of injury occurred due to lifting 50-pound trash bags. The injured worker's working diagnoses are lumbar radiculopathy; bilateral inguinal pain; bilateral inguinal hernia repair in 2012; and herniated intervertebral disc at L4-L5, and L5-S1. Pursuant to the progress note dated October 21, 2014, the IW complains of lumbar pain and bilateral inguinal pain. Examination of the lumbar spine revealed painful range of motion of 40 degrees forward flexion, and 10 degrees extension. The IW has positive seated straight leg raising test bilaterally. The IW has diminished sensation to the right L4 dermatome and left L2, L3, L4, L5, and S1 dermatomes. The IW was unable to tiptoe walk or heel to toe walk because of secondary to lower back pain. Deep tendon reflexes of the lower extremities were noted to be 2/4 bilaterally. Current medications include Norco, Butrans patch, Xanax, and Flexeril. The current request is for 12 physical therapy sessions for the lumbar spine. Documentation by the treating orthopedic surgeon dated August 28, 2014, indicates the IW has failed all conservative treatment measures over the last 3 years including rest, activity modifications, chiropractic care, physical therapy, and acupuncture to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) physical therapy sessions for the lumbar spine: 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 Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and 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 Official Disability Guidelines enumerate the frequency and duration of physical therapy according to specific states in this case, the injured worker is a 33-year-old man with a date of injury August 31, 2011. The documentation indicate conservative measures such as physical therapy were performed. The documentation reflects the injured worker has functional deficits referable to the lumbar spine and associated musculature. A progress note dated August 28, 2014 from the treating orthopedic surgeon indicates the injured worker was treated over the last three years with physical therapy, chiropractic treatment and acupuncture, in addition to epidural steroid injections. He has failed all conservative measures. Consequently, absent objective functional improvement with physical therapy, there is no clinical indication to provide additional physical therapist services. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, physical therapy 12 sessions to the lumbar spine are not medically necessary.