

Case Number:	CM14-0201159		
Date Assigned:	12/11/2014	Date of Injury:	06/10/2005
Decision Date:	01/28/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/02/2014

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 46-year-old man with a date of injury of June 10, 2005. The mechanism of injury was not in the medical record. The injured worker's working diagnoses are multilevel lumbar spondylosis; status post permanent spinal cord stimulator placement in March of 2013; chronic pain syndrome; and morbid obesity. Pursuant to a progress report dated November 25, 2014, the IW complains of low back pain and bilateral lower extremity pain. He reports the spinal cord stimulator (SCS) is helping with the pain. He also reports that medications are helping and he is not having any side effects. Examination of the lumbar spine reveals tenderness to palpation. Range of motion is restricted. Bilateral straight leg raise is positive with constant referred pain to the low back. The treating physician is recommending continuation of Baclofen 20mg and Nucynta 100mg. The IW is taking Nexium for GERD, and Amitiza for constipation. The IW is seeing a psychiatrist who prescribes Klonopin, Ambien, Latuda, Wellbutrin, Celexa, and AndroGel. The IW is encouraged to participate in daily home exercise program. The current request is for physical therapy two times per week for six weeks the lower back. The documentation in the medical record does not contain prior physical therapy progress notes, a summary of physical therapy, or a clinical rationale for additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6 weeks of the lower back: Upheld

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

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); Low Back Section, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week for six weeks to the lower back 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 frequency and duration of physical therapy are enumerated in the Official Disability Guidelines according to specific disease states. In this case, the injured worker's working diagnoses are chronic lumbar sprain; herniated disc lumbar spine with radiculopathy; spinal cord stimulator; depression; weight gain; and internal complaints. The documentation in the medical record does not contain prior physical therapy progress notes, a summary of physical therapy, or a clinical rationale for additional physical therapy. Consequently, absent the appropriate clinical indication with documentation of objective functional improvement as it pertains to prior physical therapy, physical therapy two times per week for six weeks the lower back is not medically necessary.