

Case Number:	CM14-0205506		
Date Assigned:	12/17/2014	Date of Injury:	12/03/2012
Decision Date:	02/12/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/08/2014

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 Physical Medicine Rehabilitation, has a subspecialty in Pain 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's original date of injury was December 3, 2012. The industrial diagnoses include chronic low back pain, lumbar radiculopathy, lumbar post laminectomy syndrome, and lumbar foraminal stenosis and central stenosis. The disputed request is for physical therapy for nine sessions for the lumbar spine, which was requested on October 16, 2014. A utilization review determination on November 21, 2014 at denied this request. The stated rationale for this denial was that the patient was "injured on December 3, 2012 with no documentation of how many sessions of physical therapy previously performed or documentation of objective functional improvement through prior therapy."

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x 3 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

Decision rationale: In the case of this injured worker, there is documentation that the patient may require an extensive fusion surgery for the lumbar spine. However, the patient wishes to

optimize conservative therapy and recent progress notes from the requesting provider have a treatment plan of land-based therapy for nine sessions. There is the statement that the patient has only had water-based therapy in the past. According to an aquatic therapy progress note on October 30, 2014, treatments administered included education to posture and education in a home exercise program of core strengthening in addition to aquatic therapy. There is no documentation of whether the patient is actively participating in a home exercise program, which is the recommendation of the Chronic Pain Medical Treatment Guidelines following formal physical therapy. Therefore, the present request for physical therapy is not medically necessary.