

Case Number:	CM14-0217221		
Date Assigned:	01/07/2015	Date of Injury:	05/25/2006
Decision Date:	04/02/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 is a 77 year old male with an industrial injury dated May 25, 2006. The injured worker diagnoses include spinal stenosis of lumbar region and status post L4-S1 decompression and fusion in 2007. He has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 11/14/2014, objective findings revealed no new motor or sensory deficits and decrease range of motion of the lumbar spine. According to the most recent progress note dated 12/12/2014, the injured worker reported a new onset of pain in anterior thighs. Objective findings revealed no new motor or sensory deficits, loss of range of motion of lumbar spine and decrease sensation in L4 distribution. The treating physician prescribed physical therapy to the lumbar spine for 8 sessions. Utilization Review determination on December 8, 2014 denied the request for physical therapy to the lumbar spine 8 sessions, citing MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the lumbar spine 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20, 9792.26 Page(s): 98, 99 of 127.

Decision rationale: MTUS guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis; and recommend a maximum of 10 visits. The claimant has multiple chronic complaints and review of the available medical records, fails to demonstrate an improvement in pain or function. The claimant underwent numerous sessions of physical therapy and in the absence of clinical documentation of any efficacy to support additional visits, this request is not considered medically necessary.