

Case Number:	CM14-0076431		
Date Assigned:	07/18/2014	Date of Injury:	06/09/2008
Decision Date:	07/29/2015	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/27/2014

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: Texas, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 33 year old male patient, who sustained an industrial injury on 6/09/2008. Diagnoses include lumbar spine herniated nucleus pulposus and history of gastritis. He sustained the injury due to fall while getting out of a work truck. Per the Primary Treating Physician's Progress Report dated 4/16/2014, he had complaints of pain in his low back associated with numbness in the right lower extremity. He rated the severity of the pain as 8/10 without medication or therapy. His pain was reduced to 6-7/10 with medication. Physical examination of the lumbar spine revealed tenderness to palpation over the spinous processes from L1-L5, decreased range of motion with flexion to 50 degrees, extension to 16 degrees, right lateral flexion to 20 degrees and left lateral flexion to 15 degrees and increased pain with heel/toe walking. The medications list includes Tramadol, naproxen sodium, omeprazole and Gabapentin. He has had lumbar MRI dated 10/24/2008 which revealed 1 mm disc bulge at L5-S1. He has had 16 physical therapy visits and 6 acupuncture visits for this injury. The plan of care included medications and physical therapy. Authorization was requested for physical therapy (2x4) lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 X wk X 4 wks Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back: Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy, page 98.

Decision rationale: The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. Per the records provided, patient has at least had 16 physical therapy visits and 6 acupuncture visits for this injury. The requested additional visits in addition to the previously rendered physical therapy sessions are more than recommended by the cited criteria. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Previous physical therapy visit notes are not specified in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The request for Physical Therapy 2 X wk X 4 wks Lumbar Spine is not medically necessary or established for this patient at this time.