

Case Number:	CM15-0002331		
Date Assigned:	01/13/2015	Date of Injury:	01/14/2012
Decision Date:	03/16/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/06/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 66-year-old female who reported an injury on 01/14/2012. The mechanism of injury was not stated. The current diagnoses include degenerative spondylolisthesis, spinal stenosis at L5, radiculopathy. The injured worker presented on 12/02/2014, for a followup evaluation with complaints of persistent pain and muscle stiffness in the lumbar spine. The injured worker reported intermittent left leg radicular symptoms. The injured worker reported an improvement in symptoms by 60% following the epidural steroid injection. Upon examination, there was a mildly antalgic gait, negative straight leg raise, and subjective sensory deficit over the left lower extremity. Recommendations included 6 additional physical therapy sessions and a prescription for Neurontin 300 mg. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 1-2 times per week for 3 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Medicine

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

Decision rationale: The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The injured worker has participated in a previous course of physical therapy for the lumbar spine. However, there was no documentation of the previous course with evidence of objective functional improvement. Therefore, additional treatment would not be supported. As such, the request is not medically necessary.