

Case Number:	CM15-0003028		
Date Assigned:	01/14/2015	Date of Injury:	02/05/2014
Decision Date:	03/20/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/07/2015

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, Illinois
 Certification(s)/Specialty: Internal Medicine

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 49-year-old male who reported an injury on 02/05/2014. His mechanism of injury is not included. His diagnoses included lumbosacral sprain/strain with radiation to the left lower extremity; small disc bulge L4-5, as well as foraminal narrowing L4-5, L5-S1, left worse than right. His past treatments have included physical therapy and a home exercise program. His diagnostic studies have included an MRI of the lumbar spine, including a 2 to 3 mm broad based disc bulge at the L4-5 level and mild narrowing of the neural foramen at L4-5, as well as L5-S1 on the left side. The surgical history as not included. The progress report 12/01/2014 documented the injured worker stated he felt he had a 50% improvement with physical therapy. On physical exam, there was lumbar spine focal tenderness at L4-5 and L5-S1. There was mild tenderness along the superior iliac crest; and along the sciatic notch on the left side. The lumbar spine range of motion was measured at forward flexion of 40 degrees and extension at 25 degrees. His medications included cyclobenzaprine 7.5 mg; gabapentin 100 mg; his treatment plan included a request for more physical therapy; return to clinic in 4 to 6 weeks. The rationale for the request was not included. The Request for Authorization form was signed and dated 12/11/2014 in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar spine 2x6: Upheld

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

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

Decision rationale: The request for physical therapy for the lumbar spine 2x6 is not medically necessary. The injured worker has already participated in 6 physical therapy sessions. The California MTUS Guidelines state that patients are instructed and expected to continue active therapy at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance, and functional activities with assistive devices. Allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self directed home physical medicine. The guidelines may recommend up to 10 visits. The injured worker has already participated in 6, the request is for 12 more sessions; and that would exceed the recommended number of visits by the guidelines. There is a lack of documentation of exceptional factors to justify additional supervised visits over participation in a home exercise program. The request for physical therapy for the lumbar spine 2x6 is not medically necessary.