

Case Number:	CM15-0004305		
Date Assigned:	01/15/2015	Date of Injury:	05/19/2007
Decision Date:	03/23/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/08/2015

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 41-year-old male who reported an injury on 05/19/2007. The mechanism of injury was lifting. His diagnoses include postlumbar laminectomy syndrome, lumbar facet syndrome, and lumbar degenerative joint disease. His past treatments were noted to include surgery, medications, work restrictions, and physical therapy. At his followup visit on 11/26/2014, the injured worker reported low back pain rated 5/10. His physical examination revealed normal motor strength in the bilateral lower extremities and decreased range of motion of the lumbar spine to 30 degrees flexion and 10 degrees extension. It was noted that the injured worker had attended intermittent physical therapy sessions following his fusion surgery which provided him with temporary moderate pain relief. A recommendation was made for additional physical therapy as past sessions had decreased his spasm and pain and he had not attended physical therapy in over 2 years. The prior review indicated that the request for 12 sessions of physical therapy was modified to allow 6 sessions of physical therapy. At his followup visit on 01/21/2015, the injured worker rated his low back pain 4/10 with medications. It was noted that he had completed 3 out of 6 sessions of physical therapy for the back and that he reported an increased activity level since his previous visit. His physical examination again revealed normal motor strength of the bilateral lower extremities and limited lumbar flexion to 30 degrees and extension to 10 degrees. The treatment plan included continuation of physical therapy to complete the remaining authorized sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve sessions of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the California MTUS Guidelines, up to 10 sessions of physical therapy may be recommended for patients with unspecified myalgia or radiculitis to promote objective functional improvement for patients with chronic pain. The injured worker was noted to have low back pain since an injury in 2007 which had been treated conservatively and surgically. The injured worker was recently approved for 6 sessions of physical therapy as previous physical therapy treatment had resulted in decreased pain. However, there was no documentation of increased range of motion or motor strength with previous physical therapy. Additionally, the submitted documentation failed to show evidence of objective functional improvement with the injured worker recent physical therapy sessions as his range of motion values were unchanged at his 01/21/2015 followup visit. In the absence of evidence of objective functional improvement with recent physical therapy, continued physical therapy treatment is not supported. Additionally, the request for 12 sessions of physical therapy exceeds the guideline recommendation for a maximum of 10 physical therapy visits for chronic pain. Furthermore, the request, as submitted, failed to specify the body part the physical therapy is being requested for. For the reasons noted above, the request is not medically necessary.