

Case Number:	CM15-0006354		
Date Assigned:	01/26/2015	Date of Injury:	10/17/2011
Decision Date:	03/17/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/12/2015

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: 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:

The injured worker is a 57 year old male with a date of injury as 10/17/2011. The current diagnoses include lumbar disc herniation. Previous treatments include medications and injections. Report dated 09/02/2014 noted that the injured worker presented with complaints that included status post lumbar epidural steroid injection. It was noted that the injured worker was still having a lot of pain following the injection. Physical examination revealed tenderness and decreased range of motion. Treatment plan included medications. The injured worker is not working. The medication list includes Tramadol, Trazodone, Soma, Ibuprofen and Hydrocodone. The patient has had EMG on 12/9/12 of LE that revealed left chronic L5 radiculopathy. Patient has received an unspecified number of PT visits for this injury. He has had X-ray of the lumbar spine that revealed mild degenerative changes and CT scan of the lumbar spine that revealed disc protrusion and foraminal narrowing. The patient had received ESI for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 time a week for 6 weeks lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): page 98.

Decision rationale: Request: Physical Therapy 2 time a week for 6 weeks lumbar spine. The guidelines cited below state, 'allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine.' Patient has received an unspecified number of PT visits for this injury. Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. There was no objective documented evidence of any significant functional deficits that could be benefited with additional PT. Per the guidelines cited, '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 medical necessity of the request for Physical Therapy 2 time a week for 6 weeks lumbar spine is not fully established for this patient.