

Case Number:	CM15-0006497		
Date Assigned:	01/26/2015	Date of Injury:	04/26/2006
Decision Date:	03/23/2015	UR Denial Date:	01/09/2015
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: 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 54-year-old female who reported an injury on 04/26/2006. The mechanism of injury was not stated. The current diagnoses include lumbosacral spondylosis without myelopathy, congenital spondylolisthesis, acquired spondylolisthesis, and displacement of lumbar intervertebral disc without myelopathy. The injured worker presented on 01/06/2015 with complaints of chronic low back pain as well as pain in the right knee. The injured worker was status post lumbosacral facet injection on 06/13/2014 with no significant relief of low back pain. The injured worker had completed 5 authorized sessions of physical therapy but was unable to tolerate due to right knee pain. The injured worker noted that the right knee pain had improved and she would like to continue with physical therapy. The injured worker was actively participating in home exercise. Previous conservative treatment also included a lumbar epidural steroid injection at L4-5 on 07/12/2013. Upon examination, there was tenderness to palpation along the lower lumbar paraspinal muscles, facet joint tenderness, bilateral gluteal tenderness, intact sensation, and positive facet loading bilaterally. Recommendations at that time included 6 additional sessions of physical therapy. A Request for Authorization form was then submitted on 01/06/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 3 for the lumbar spine: 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 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 completed an initial course of physical therapy. However, there was no documentation of the previous course of treatment with objective functional improvement. Additional treatment would not be supported at this time. Therefore, the request is not medically appropriate.