

Case Number:	CM15-0006710		
Date Assigned:	01/21/2015	Date of Injury:	09/04/2009
Decision Date:	03/16/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/13/2015

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

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 52 year old male who sustained an industrial injury on 9/4/2009. He has reported injury to his back, bilateral lower extremities, psyche and circulatory system after lifting a 15 pound product. The injured worker reported a snap in his back and numbness to his right leg. Prior injury included a burn injury to the left foot will not be addressed in this review. The diagnoses have included lumbar stenosis-status-post laminectomy and disc protrusion of 4 millimeters at lumbar 3-5 and 3 millimeters at Lumbar 5 to sacral 1 with neural encroachment and radiculopathy. Treatment to date has included lumbar 3-5 laminectomy, neck brace, TENS (transcutaneous electrical nerve stimulation), physical therapy and medication management. Currently (visit 11/7/2014), the Injured Worker complains of low back pain with bilateral lower extremities symptoms. Treatment plan included 12 physical therapy visits for the lumbar spine. On 12/19/2014, Utilization Review non-certified the request for 12 sessions of physical therapy, noting the lack of documented functional improvement from prior physical therapy. The MTUS was cited. On 1/7/2015, the injured worker submitted an application for IMR for review of 12 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 3x4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The patient was injured on 09/04/09 and presents with low back pain with right greater than left lower extremity symptoms. The request is for ADDITIONAL PHYSICAL THERAPY 3 X 4. There is no RFA provided and the patient is permanent and stationary. The patient has had several sessions of therapy prior to this request. MTUS page 98 and 99 has the following: Physical Medicine: Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS Guidelines page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. It does not appear that the patient had any recent surgery. The 08/15/14 report states that prior physical therapy improved range of motion and improve tolerance to activity. However, there is no indication of when these sessions took place or how many sessions the patient had. There is no discussion as to why the patient is not able to establish a home exercise program to manage pain. Furthermore, the treater is requesting for 12 sessions of physical therapy, which exceeds what is allowed by MTUS Guidelines. The requested physical therapy IS NOT medically necessary.