

Case Number:	CM15-0102848		
Date Assigned:	06/05/2015	Date of Injury:	08/06/2007
Decision Date:	07/07/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/28/2015

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, Indiana, New York
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 was a 48 year old male, who sustained an industrial injury, August 6, 2007. The injured worker previously received the following treatments left stellate ganglion block which gave the injured worker significant relief, physical therapy for the lumbar spine, L4-L5 transforaminal epidural on February 27, 2015, Diclofenac, home exercise program, Hydrocodone and Tylenol. The injured worker was diagnosed with chronic lower back pain, left greater than the right and status post right L4-L5 transforaminal injection. The progress note of April 7, 2015, the injured worker rated the lumbar spine pain prior to the epidural injection at 6 out of 10 and after the injection at 3 out of 10. The injured worker was doing over all better since the epidural injection. The physical exam noted decreased lumbar lordosis, but not as severe as before February 10, 2015. There was some tenderness at L4-L5 and L5-S1 paraspinals. The injured worker continued to walk with an antalgic gait, but not as severe as before. There was better sensation at the L4, L5 and S1 dermatomes to light touch. The treatment plan included physical therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x per week x 3 weeks lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week to three weeks to the lumbar spine and is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are status post right L4 - L5 transforaminal injection February 27, 2015; history chronic right low back pain, left greater than right; and paresthesias. The documentation according to the utilization review states the injured worker received 14 physical therapy sessions (approved) and six chiropractic sessions (approved). There are no physical therapy progress notes from prior PT. There is no documentation of objective functional improvement with prior physical therapy. The total number of physical therapy sessions to date is unclear, but may reflect the 14 prior sessions formally approved. The injured worker has long-standing chronic low back pain. Objectively, according to an April 7, 2015 progress notes, the injured worker has "some tenderness at the L4 - L5 and L5 - S1 paraspinals, but the taut bands are still minimal. There is no clinical indication or rationale, along with compelling clinical documentation indicating additional physical therapy is recommended contained in the 44 page medical record. Additionally, the injured worker was engaged in a home exercise program. Consequently, absent compelling clinical documentation with evidence of objective functional improvement (with prior physical therapy), the total number of physical therapy sessions to date, minimal clinical findings on physical examination and compelling clinical facts indicating additional physical therapy is warranted, physical therapy two times per week to three weeks to the lumbar spine and is not medically necessary.