

Case Number:	CM15-0103123		
Date Assigned:	06/05/2015	Date of Injury:	10/19/2010
Decision Date:	07/08/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	05/29/2015

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: Emergency 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 is a 63 year old male who sustained an industrial injury on 10/19/2010. Mechanism of injury was not documented. Diagnoses include backache, radicular low back pain, status post lumbar fusion on 01/14/2014, cervical spine stenosis, myelopathy, spondylo-genic-cervical, and status post cervical spinal fusion in February 2015. Treatment to date has included diagnostic studies, medications, status post anterior cervical disc fusion-4 levels, status post spinal fusion for lumbar stenosis on 08/2013, and physical therapy. Medications include Gabapentin, Hydrocodone, Tramadol and Oxycodone. A physician progress note dated 05/07/2015 documents the injured worker is 3 months post ACDF and is described as doing well but still having some upper extremity numbness. He is status post spinal fusion for lumbar stenosis in August of 2013 and is having left sided radicular pain that is new which started about 3 weeks ago. Straight leg test is positive on the left. For his low back, this new left sided radicular pain is most likely from a L4-5 facet versus foraminal stenosis. His Magnetic Resonance Imaging from last year shows that he has some foraminal stenosis bilaterally at that side. Treatment requested is for physical therapy, 18 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 18 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Complaints, Physical Therapy.

Decision rationale: The requested Physical therapy, 18 sessions, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Low Back Complaints, and Official Disability Guidelines, Low Back Complaints, Physical Therapy, recommend continued physical therapy with documented derived functional benefit. The injured worker is status post spinal fusion for lumbar stenosis in August of 2013 and is having left sided radicular pain that is new which started about 3 weeks ago. Straight leg test is positive on the left. For his low back, this new left sided radicular pain is most likely from a L4-5 facet versus foraminal stenosis. His Magnetic Resonance Imaging from last year shows that he has some foraminal stenosis bilaterally at that side. The treating physician has not documented sufficient objective evidence of derived functional benefit from completed physical therapy sessions. The criteria noted above not having been met, Physical therapy, 18 session is not medically necessary.