

Case Number:	CM15-0108005		
Date Assigned:	06/12/2015	Date of Injury:	01/04/2012
Decision Date:	07/15/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/04/2015

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 35 year old male who sustained an industrial injury on 1/4/12. The injured worker was diagnosed as having status post L5-S1 disk excision and low back pain. Currently, the injured worker was with complaints of low back pain with radiation to the lower extremities. Previous treatments included status post L5-S1 disk excision and medication management. Previous diagnostic studies included a magnetic resonance imaging revealing degenerative disc disease and broad based disk bulge asymmetric to the right abutting the right S1 root. The injured workers pain level was noted as 1-2/10. The plan of care was for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x 4 (12 visits): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Based on the 06/15/15 progress report provided by treating physician, the patient presents with low back pain that radiates to right buttock and right shin, rated 1-2. The patient is status post disc excision 06/05/13. The request is for Physical Therapy 3 x 4 (12 visits). RFA with the request not provided. Patient's diagnosis on 06/15/15 includes low back pain. Physical examination to the lumbar spine on 06/15/15 was unremarkable revealing normal reflexes, intact sensory exam and range of motion within normal limits. MRI of the lumbar spine dated 05/04/15 revealed "Degenerative disc disease with 3mm retrolisthesis at L5-S1 status post right hemilaminectomy. Broad based disc bulge is asymmetric to the right, abutting the right S1 root." Treatments to date included surgery, MRI and medications. The patient "is going to the gym 5 times per week and is taking Naprosyn for his symptoms." The patient is permanent and stationary, per 06/15/15 report. Treatment reports were provided from 12/03/15 - 06/15/15. MTUS Chronic Pain Management Guidelines, pages 98, 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 pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Given the patient's postoperative state and MRI findings, a short course of physical therapy would appear to be indicated. However, treater has not provided medical rationale for the request, nor a precise treatment history. The patient already attends the gym and treater does not discuss why the patient would need formalized therapy. The patient's pain is rated 1-2, and there is no discussion of flare-ups or new injury to warrant physical therapy. Furthermore, the request for 12 sessions would exceed MTUS allowable recommendation. Therefore, the request is not medically necessary.