

Case Number:	CM15-0108986		
Date Assigned:	06/15/2015	Date of Injury:	03/28/2013
Decision Date:	07/14/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/05/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 46-year-old male, who sustained an industrial injury on March 28, 2013. The injury occurred while the injured worker was lifting a heavy box and developed neck and low back pain. The diagnoses have included acute low back pain and a history of a lumbar spine surgery. Treatment to date has included medications, radiological studies, MRI, electro diagnostic studies, physical therapy and lumbar spine surgery. Current documentation dated May 7, 2015 notes that the injured worker reported low back pain and neck pain, which radiated to the left upper extremity. The injured worker also noted that his leg pain was much better since his back surgery. Examination of the lumbar spine revealed tenderness to palpation over the paraspinal muscles and a decreased range of motion. A straight leg raise test was negative. The injured worker was noted to be able to ambulate without difficulty. The treating physician's plan of care included a request for outpatient physical therapy #12 to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy 2 times a week for 6 weeks to the lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines
Page(s): 26.

Decision rationale: The claimant sustained a work injury in March 2013 and continues to be treated for radiating neck and low back pain. He underwent lumbar surgery in September 2014. He had postoperative physical therapy and case notes reference completion of 24 treatments sessions. When seen, there was decreased spinal range of motion and paraspinal muscle tenderness. There was a normal neurological examination. Guidelines address the role of therapy after a lumbar discectomy with a postsurgical physical medicine treatment period of 6 months and up to 16 physical therapy visits over 8 weeks. In this case, the claimant has already had therapy in excess of that recommended. Compliance with an independent exercise program would be expected and would not require continued skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. Providing this number of additional skilled physical therapy services would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. The request is therefore not medically necessary.