

Case Number:	CM15-0016288		
Date Assigned:	02/04/2015	Date of Injury:	11/15/2010
Decision Date:	04/07/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/28/2015

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: Pennsylvania, Ohio, 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 65 year old female, who sustained an industrial injury on November 15, 2010. The diagnoses have included spinal stenosis lumbar with neurogenic claudication, lumbago, displaced lumbar intervertebral disc, and spondylosis unspecified site without myelopathy. The medical records refer to a recent course of physical therapy with exercises, interferential current with infrared, soft tissue mobilization with trigger point release, and massage. Additional treatment to date has included MRI, pain medication, and non-steroidal anti-inflammatory medication. On December 11, 2014, the treating physician noted the injured worker reported her back pain was slightly improved. She complained of severe, sharp lower back pain, which was aggravated by standing and walking. The objective findings included continued lower back pain with radiation down towards the bilateral lower extremities, lumbar spine facet joint arthropathy, and myofascial tenderness over the facet joints and lumbar spine paraspinals. The treating physician noted the injured worker had known degenerative lumbar spine arthropathies and disc disease. The treatment plan included physical therapy twice a week for 4 weeks. On December 29, 2014 Utilization Review modified a prescription 8 visits (2 x 4) of physical therapy the lumbar spine, noting the prior course of physical therapy provided some improvement. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Peer-to-Peer for Physical Therapy 2 Times A Week for 4 Weeks for The Lumbar Spine:
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: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.