

Case Number:	CM15-0131862		
Date Assigned:	07/20/2015	Date of Injury:	08/26/2009
Decision Date:	08/14/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	07/08/2015

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, 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 49 year-old male who sustained an industrial injury on 08/26/09. He reported back pain while lifting heavy boards. Initial diagnoses included lumbar disc displacement and he underwent lumbar fusion surgery 2011, with a revision laminectomy 2013. Current diagnoses include status post lumbar spine x3 fusion, and lumbar disc displacement. Diagnostic testing and treatments to date have included CT/MRI of the lumbar spine, EMG/NCS, urinalysis drug screen, chiropractic care, physical therapy, and oral/topical pain medication management. Currently, the injured worker complains of frequent, moderate upper back pain described as tight with numbness, constant severe lower back pain with numbness and tightness, and constant severe left leg pain with numbness, tingling, weakness, and swelling. He has significant difficulty sleeping due to the pain. Physical examination is remarkable for limited and painful thoracic and lumbar range of motion; he has positive orthopedic evaluation to the thoracic spine, lumbar spine, and left leg. Gait is guarded with slight flexion. Requested treatments include physical therapy/rehab lumbar x3 months. The injured worker is under temporary total disability. Date of Utilization Review: 06/03/15. Notes indicate that the patient has undergone at least a teen therapy sessions thus far.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy/rehab lumbar x3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.