

Case Number:	CM15-0133587		
Date Assigned:	07/21/2015	Date of Injury:	03/09/1981
Decision Date:	08/18/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/10/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 72 year old male who sustained an industrial injury on 3/9/81. Progress report dated 6/3/15 reports continued complaints of low back pain. The pain level has decreased from 8/10 to 2/10 with physical therapy. Diagnoses include: lumbar spinal stenosis. Plan of care: request further course of physical therapy. Work status: retired. Follow up for next appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy x 12, lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical medicine.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, additional physical therapy times 12, lumbar is not medically necessary.

Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction and in and will we be able to login will they just that the site wasn't open for negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured workers working diagnosis is bilateral stenosis lumbar. The date of injury is March 9, 1981 (34 years prior). Request for authorization is June 4, 2015. A physical Thursday progress note dated May 6, 2015 indicates eight out of eight physical therapy sessions were completed. The injured worker is engaged in a home exercise program. The total number of physical therapy sessions to date is not documented in the medical record. There is no documentation demonstrating objective functional improvement with ongoing physical therapy. There are no compelling clinical facts in the medical record indicating additional physical therapy is warranted. According to a June 3, 2015 progress note, the injured worker returned for a recheck of the low back. The injured worker is requesting additional physical therapy. Objectively, there was tenderness palpation with mild decreased range of motion. There were no red flags present and, as noted above, no compelling clinical facts to warrant additional physical therapy. Based on clinical information and the peer-reviewed evidence-based guidelines, additional physical therapy times 12, lumbar is not medically necessary.