

Case Number:	CM15-0135182		
Date Assigned:	07/23/2015	Date of Injury:	03/21/2012
Decision Date:	08/19/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/13/2015

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 35 year old male, who sustained an industrial injury on 3/21/2012. The mechanism of injury is unknown. The injured worker was diagnosed as status post bilateral lumbosacral laminectomy, foraminotomy and anterior/posterior spinal fusion, lumbar sprain/strain and spondylolisthesis. There is no record of a recent diagnostic study. Treatment to date has included 12 sessions of physical therapy and medication management. In a progress note dated 6/16/2015, the injured worker complains of continued low back pain. Physical examination showed right sided lumbar tenderness. The treating physician is requesting 6 physical therapy visits for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 6 visits lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in March 2012 and underwent a lumbar fusion in March 2014. He had 12 physical therapy treatment sessions between February and March 2015. Therapeutic content included a home exercise program. When seen, he had pain rated at 5-8/10. He was having muscle spasms. Physical examination findings included lumbar tenderness with normal strength. Medications were prescribed. Recommendations included starting a home exercise program and he was encouraged to join a gym. Authorization for six sessions of physical therapy was requested. The claimant is being treated for chronic pain with no new injury and has recently had physical therapy including instruction in a home exercise program. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed / appropriate rather than during scheduled therapy visits. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.