

Case Number:	CM15-0142847		
Date Assigned:	08/03/2015	Date of Injury:	12/01/2011
Decision Date:	08/31/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/23/2015

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 62 year old male, who sustained an industrial injury on 12-1-11. Initial complaints were not reviewed. The injured worker was diagnosed as having lumbar spinal stenosis; lumbar degenerative disease; lumbar radiculopathy; right leg weakness; remote lumbar decompression. Treatment to date has included status post lumbar surgery (4-26-12); lumbar epidural steroid injections (7-21-14; 10-30-14; 3-27-15); physical therapy; medications. Currently, the PR-2 notes dated 6-8-15 indicated the injured worker presented on this day as a follow-up. He was last seen three months prior. He complains of pain in his back radiating symptoms into his leg with weakness in both right and left and worse on the right. He is working a regular duty. He has had good success with epidural injections done every three to four months. They seem to last about two to three months and then the symptoms return. He is also on Ambien, Tramadol, diclofenac for sleep and anti-inflammatory relief. He denies any specific new injuries but does feel his condition is slowly getting worse. On physical examination, the provider documents he walks slightly hunched forward with an antalgic gait to the right. He has a weakness to toe walk on the right side and tightness to straight leg raise on both sides. The provider notes a weakness in his quadriceps bilaterally (4+ over 5). His calves as soft and non-tender and his hips move free and easy. The provider has requested another epidural injection with physical therapy to follow for lumbar and lower extremity strengthening. The provider is requesting authorization of Physical Therapy for the Lumbar Spine and Lower Extremities, 2 times a week for 6 weeks (12 sessions).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the Lumbar Spine and Lower Extremities, 2 times a week for 6 weeks (12 sessions): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Intervertebral disc disorders without myelopathy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 of 127. 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, it is unclear how many PT sessions have previously been provided, making it impossible to determine if the patient has exceeded the maximum number recommended by guidelines for their diagnosis. In light of the above issues, the currently requested additional physical therapy is not medically necessary.