

Case Number:	CM15-0144097		
Date Assigned:	08/05/2015	Date of Injury:	01/13/2011
Decision Date:	09/02/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/24/2015

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 (IW) is a 40 year old male who sustained an industrial injury on 01/13/2011. The original report of injury and diagnoses are not found in the records reviewed. The injured worker was diagnosed as having: Lumbar surgery 03/22/2015; Thoracic signs and symptoms Treatment to date has included lumbar epidural steroid injections, MRI, 16 post-op therapy sessions, and medications. A transforaminal lumbar interbody fusion on L5-S1 was performed on 03/21/2015. Currently, the injured worker complains of pain in the lower thoracic and lumbar paraspinal muscle and recurrence of numbness in the right lower extremity and now in the left lower extremity. Objectively, motor strength is 5 out of five in the lower extremities. There is tenderness in the thoracic and lumbar paraspinal muscles. Reflexes are 2+ at the patellar and Achilles. The worker was noted to have had successful physical therapy post operatively followed by a setback. A request for authorization was made for the following: 6 post-operative physical therapy for massage therapy sessions. A progress note dated June 30, 2015 indicates that the patient had a setback but "is doing much better now." Physical examination findings reveal slightly restricted range of motion in the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 post-operative physical therapy for massage therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines 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 remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In light of the above issue, the currently requested additional physical therapy is not medically necessary.