

Case Number:	CM15-0144129		
Date Assigned:	08/05/2015	Date of Injury:	10/01/2010
Decision Date:	09/02/2015	UR Denial Date:	07/20/2015
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 is a 53 year old male, who sustained an industrial injury on October 1, 2010. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included surgery, physical therapy, medication, MRI and x-rays. Currently, the injured worker complains of low back pain that radiates into both of his legs (right greater than left) and down to the top of his right foot and bilateral foot pain. The pain is exacerbated by walking, bending and stooping and is rated at 4 on 10. The injured worker is currently diagnosed with anterolisthesis at L5-S1 and L4-L5 right foraminal disc herniation. His work status is permanently modified; however, he is retired. A note dated June 26, 2015 states the injured worker has completed a course of physical therapy and experienced improved low back spine range of motion by 10%, decreased pain by 30%, and decreased low back spasms. Due to previous efficacy, continued physical therapy (2 times 6 weeks) to focus on building core muscle strength, reduce spasms and pain and improve low back function is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue physical therapy 2x6wks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 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 it is unclear how many sessions have already been provided. Furthermore, it is unclear what objective functional improvement was obtained with the most recent sessions of physical therapy. There is no statement indicating that any remaining deficits cannot be addressed within the context of an independent home exercise program. In the absence of clarity regarding those issues, the currently requested additional physical therapy is not medically necessary.