

Case Number:	CM15-0145295		
Date Assigned:	08/06/2015	Date of Injury:	12/26/2007
Decision Date:	09/03/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/27/2015

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 64-year-old male, who sustained an industrial injury on December 26, 2007. The injured worker was diagnosed as having cervicalgia, lumbago and thoracic-lumbosacral neuritis-radiculitis. Treatment to date has included x-rays, magnetic resonance imaging (MRI), surgery, therapy and medication. A progress note dated July 1, 2015 provides the injured worker complains of low back pain. Physical exam notes lumbar surgical scarring, tenderness to palpation, painful decreased range of motion (ROM) and weakness. The plan includes lumbar epidural steroid injection and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy 3 x a week for 3 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic).

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 therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, postoperative physical therapy three times per week times three weeks 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 or 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 worker's working diagnoses are L3 - L4, L5 - S1 herniation, DDD, adjacent level disease, radiculopathy along right S1 dermatome with motor weakness along right S1 dermatome; L4 - L5 fusion 2011. The date of injury is December 26, 2007. Request for authorization is July 7, 2015. The request for physical therapy coincides with a request for an epidural steroid injection to be given status post epidural steroid injection. The injured worker status post L4 - L5 lumbar fusion 2011. There is no documentation of prior physical therapy, total number of physical therapy sessions to date and objective functional improvement prior physical therapy. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines is indicated. Subjectively, the injured worker complains of low back pain. No medications are listed. Objectively, there is decreased range of motion with radiculopathy along the S1 dermatome. Documentation does not specify whether the radiculopathy is sensory or motor. Utilization review states the epidural steroid injection was denied. The epidural steroid injection was denied and, as a result, physical therapy three times per week times three weeks is denied. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, denial of the epidural steroid injection, postoperative physical therapy three times per week times three weeks is not medically necessary.