

Case Number:	CM15-0148151		
Date Assigned:	08/11/2015	Date of Injury:	11/15/2013
Decision Date:	09/08/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/30/2015

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 32-year-old male who sustained a work related injury November 15, 2013. Past history included lumbar surgery. On June 30, 2015, he underwent a bilateral L4, L5 medial branch nerve blocks with fluoroscopy. Post-procedure diagnosis is documented as lumbar facetogenic pain. According to a treating physician's progress notes, dated June 5, 2015, the injured worker presented for a follow-up with complaints of low back pain, rated 4 out of 10, and burning in his hips. The pain is temporarily relieved with rest, medication, ice application, H- wave therapy, walking exercising and lying down. Examination of the lumbar spine revealed; forward flexion 30 degrees, extension 10 degrees, and side bending 10 degrees on the right and 15 degrees on the left; positive lumbar facet loading maneuver bilaterally; negative straight leg raise test bilaterally in the seated position to 50 degrees; diminished sensation in the bilateral L5-S1 dermatomes of the lower extremities. Diagnoses are lumbosacral radiculitis; lumbar spondylosis. Treatment plan included medication, acupuncture sessions, and at issue, the request for authorization for physical therapy twice weekly, lumbar spine QTY: 10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, twice weekly, lumbar spine Qty: 10.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: In the case of this injured worker, the submitted documentation failed to indicate functional improvement from previous physical therapy. This functional improvement can include a reduction in work restrictions or other clinically significant improved function in activities of daily living. According to the Chronic Pain Medical Treatment Guidelines, continuation of physical therapy is contingent on demonstration of functional improvement from previous physical therapy. There is no comprehensive summary of how many sessions have been attended in total over the course of this injury, and what functional benefit the worker gained from PT. Therefore, additional physical therapy is not medically necessary.