

Case Number:	CM15-0163326		
Date Assigned:	09/08/2015	Date of Injury:	01/08/2007
Decision Date:	10/07/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/20/2015

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 37-year-old female who sustained an injury on 1-8-07. The initial complaints and symptoms of the injury are not included in the medical records. Treatment has included micro lumbar decompression on the right at L4-5 and L5-S1 on 1-13-15; physical therapy, acupuncture, chiropractic; transforaminal epidural steroid injections to the bilateral L5 nerve roots, and medication. Diagnostic tests included X-rays and MRI's. 7-16-15 PR2 examination reports the IW was six months status post micro lumbar decompression on the right at L4-5 and L5-S1 on 1-13-15. She states her symptoms are improving with time and currently the back pain is rated 5 out of 10; completed 10 sessions of post-operative physical therapy with significant pain relief and increased range of motion. Treatment includes home exercise program and some pool therapy. Work status is modified duty that includes deskwork only. Medications are Motrin as needed for pain. Objective findings are diffuse tenderness to palpation thoracic and lumbar paraspinal regions; lumbar surgery site is intact; range of motion in thoracic and lumbar spines is moderately decreased and limited by pain; some pain with lumbar facet loading bilaterally; lower extremity sensation and motor function are intact. Diagnoses include chronic mid back and low back complaints; lumbar HNP; Thoracic HNP. The treatment plan was to request additional post-operative therapy for the lumbar spine to include water therapy to help decrease pain and increase her activity level; continue home exercise program as tolerated. Current requested treatments 8 sessions of physical therapy for the back including evaluation, physical performance test, therapeutic exercises, relearning neuromuscular movement, gait training therapy and manual therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Sessions of physical therapy for the back including evaluation, physical performance test, therapeutic exercises, re-learning neuromuscular movement, gait training therapy, and manual therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

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, 8 sessions physical therapy that including evaluation, physical performance test, therapeutic exercises, re-learning neuromuscular movement, gaits training therapy and manual therapy 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 committee 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 running mid back and low back complaints; lumbar HNP; and thoracic HNP. Date of injury is January 8, 2007. Request for authorization is August 6, 2015. According to a July 16, 2015 progress note, the injured worker is six months status post micro lumbar decompression right L4-L5 and L5-S1. The injured worker received 10 physical therapy sessions with significant pain. Pain score is 5/10. Injured worker has returned to work modified duty as a police officer. Medications include Motrin as needed. Injured worker is engaged in a home exercise program with pool therapy. The injured worker does not ambulate with any type of assistive device. According to the utilization review, the injured worker completed 10 physical therapy sessions within the post-operative timeframe following surgery. Utilization review indicates there was evidence of pain reduction and functional improvement. Physical therapy evaluations and physical performance testing are typically performed once per course of treatment and are not necessary with each visit. Physical therapy evaluations and physical performance testing are not clinically indicated. There was no request for a functional capacity evaluation. Gait training is indicated for individuals with impaired walking abilities and is not clinically indicated for patients who do not require assistive devices (canes and walkers). There is no documentation of gait difficulties. There is no documentation the injured worker uses an assistive device. The injured worker is 37 years old and is working modified duty as a police officer. As a result, gait training is not clinically indicated. Based on clinical information in medical records, peer-reviewed evidence-based guidelines, no evidence of assistive devices with gait training, no clinical indication for ongoing physical therapy evaluations and physical performance testing, 8 sessions physical therapy that including evaluation, physical performance test, therapeutic exercises, re-learning neuromuscular movement, gait training therapy and manual therapy is not medically necessary.