

Case Number:	CM15-0163351		
Date Assigned:	08/31/2015	Date of Injury:	03/24/2015
Decision Date:	09/30/2015	UR Denial Date:	08/14/2015
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 male worker who sustained an industrial injury on March 24, 2015. A primary treating office visit dated July 30, 2015 reported subjective complaint of having moderate pain in the lower back with associated leg pain and numbness. Objective assessment noted: range of motion in the lumbar spine has improved however still reduced overall; positive straight leg raise on the right; strength loss in plantar flexion and dorsiflexion. The following diagnoses were applied: lumbar discopathy, degenerative disc disease, and nerve root compression. The plan of care noted continuing with physical therapy session and acupuncture care focusing on work hardening; undergo orthopedic consultation with surgeon and remain off from work duty. On May 15, 2015 he underwent a magnetic resonance imaging study of the lumbar spine that revealed L5-S1 grade I retrolisthesis with disc protrusion extending into right lateral recess resulting in severe neural foraminal narrowing; mild bilateral facet arthropathy with mild ligamentum flavum hypertrophy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 3x4: Upheld

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

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) Pain section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy three times a week times four 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 exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are lumbar discopathy, DDD, and nerve root compromise. Date of injury is March 24, 2015. Request for authorization is dated August 4, 2015. The utilization review provider initiated a peer-to-peer conference call with the treating provider. A provider from the provider's office (██████) indicated the injured worker received 24 prior physical therapy sessions. Additionally, an orthopedic spine consultation was authorized. The provider was an agreement that the orthopedic spine consultation should precede any additional physical therapy. As a result, physical therapy and/or work hardening is not clinically indicated at this time and is premature. There are no compelling clinical facts in the medical record indicating additional physical therapy is required prior to the orthopedic consultation. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, 24 prior physical therapy sessions with no documentation demonstrating objective functional improvement and a pending orthopedic spine consultation that precedes rendering any additional physical therapy, physical therapy three times a week times four weeks is not medically necessary.

Work Hardening/Conditioning 3x4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work hardening program Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Work hardening program.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, work hardening/conditioning three times per week times four weeks is not medically necessary. Work hardening is recommended as an option for treatment of chronic pain syndromes, depending on the availability of quality programs. Work hardening is an interdisciplinary, individualized, job specific program of activity with the goal of return to work. The criteria include screening documentation, diagnostic interview with a mental health provider, job demands, functional capacity evaluation, previous physical therapy, rule out surgery, other contraindications, or return to work plan, drug problems, program documentation, further mental health evaluation, supervision, a trial (not longer than one - two weeks without evidence of compliance and demonstrated significant gains - objective and subjective), currently

working (worker must be no more than two years past date of injury), program timelines and repetition. In this case, the injured worker's working diagnoses are lumbar discopathy, DDD, and nerve root compromise. Date of injury is March 24, 2015. Request for authorization is dated August 4, 2015. The utilization review provider initiated a peer-to-peer conference call with the treating provider. A provider from the provider's office (██████) indicated the injured worker received 24 prior physical therapy sessions. Additionally, an orthopedic spine consultation was authorized. The provider was an agreement that the orthopedic spine consultation should precede any additional physical therapy or work hardening program. As a result, work hardening is not clinically indicated at this time and is premature. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, a peer-to-peer conference call indicating a spine consultation was approved and physical therapy and/or work conditioning is premature if rendered prior to the spine consultation. Work hardening/conditioning three times per week times four weeks is not medically necessary.