

Case Number:	CM15-0163618		
Date Assigned:	08/31/2015	Date of Injury:	06/06/2014
Decision Date:	09/30/2015	UR Denial Date:	08/13/2015
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: Massachusetts

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:

This is a 52 year old male with a June 6, 2014 date of injury. A progress note dated July 27, 2015 documents subjective complaints (intermittent lower back pain rated at a level of 3 out of 10), objective findings (improved range of motion of the lumbar spine; mild weakness in the right lower extremity), and current diagnoses (lumbar spine disc protrusion with moderate bilateral neural foraminal narrowing; bilateral lower extremity radicular pain and paresthesia; right hand extensor tendinitis and possible carpal tunnel syndrome). Treatments to date have included lumbar epidural steroid injection on July 7, 2015 with 70% improvement, home exercise, medications, and diagnostic testing. The treating physician documented a plan of care that included eight sessions of physical 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: 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): Physical therapy (2015).

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

Decision rationale: The claimant sustained a work injury in June 2014 and continues to be treated for low back pain with lower extremity radicular symptoms and possible right carpal tunnel syndrome. When seen, pain was rated at 4/10. He was no longer having radicular symptoms. He was participating in a home exercise program. He had undergone a high-volume lumbar epidural steroid injection less than one week before with 75% improvement. Physical examination findings included a BMI of nearly 34. There was improved lumbar spine range of motion. There was a slow and guarded gait. Authorization for eight sessions of physical therapy as an adjunct of treatment to the epidural injection was requested. After an injection, guidelines recommend up to 1-2 therapy treatment sessions over 1 week. In case, the number of visits requested is in excess of that recommended. The claimant is already performing a home exercise program. The request is not medically necessary.