

Case Number:	CM15-0169317		
Date Assigned:	09/10/2015	Date of Injury:	04/23/2003
Decision Date:	10/13/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/27/2015

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: Arizona, Texas

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 72 year old male, who sustained an industrial injury on 4-23-2003. The current diagnoses are lumbar radiculopathy, degenerative disk disease of the lumbar spine, lumbar stenosis, and status post lumbar decompressive laminectomy and fusion. According to the progress report dated 8-5-2015, the injured worker complains of persistent low back and buttock pain, worse on the left than right. Additionally, he notes issues with urinary frequency. The level of pain is not rated. The physical examination did not reveal any significant findings. The current medications are Norco, Trazodone, and Gabapentin. Treatment to date has included medication management and CT myelogram. CT Myelogram demonstrates "no real bad stenosis, although there is pretty significant degenerative disk disease at L2-L3". Work status is not described. The original utilization review (8-19-2015) had non-certified a request for 12 physical therapy sessions to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks for lumbar spine 3 areas: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, and Postsurgical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Low Back Procedure Summary Online Version last updated 07/17/2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: According to the MTUS, passive therapy can provide short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. Physical Medicine Guidelines state that it should be allowed for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case, the patient has had prior surgery on the lumbar spine. The documentation supports that they are past the time allowed for post-surgical physical therapy. The documentation doesn't support that they have had a new injury or an exacerbation of pain that would necessitate further PT sessions. They should be familiar with a HEP at this time.