

Case Number:	CM15-0180230		
Date Assigned:	09/22/2015	Date of Injury:	03/04/2008
Decision Date:	10/30/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/14/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60-year-old male, with a reported date of injury of 03-04-2008. The diagnoses include lumbar post-laminectomy syndrome, degeneration of lumbosacral intervertebral disc, and displacement of lumbar intervertebral disc without myelopathy. Treatments and evaluation to date have included Cyclobenzaprine, Gabapentin, Ibuprofen, Norco, Terocin adhesive patch, six physical therapy sessions, lumbar laminectomy in 2010, a functional restoration program, and home exercise program. The diagnostic studies to date have included an MRI of the lumbar spine on 01-06-2015, which showed musculoskeletal strain, retrolisthesis at L2 on L3, and anterolisthesis at L3 on L4. The medical report dated 08-20-2015 indicates that the injured worker had completed six physical therapy sessions as of 07-16-2015 and noted improvement in symptoms and function. He continued to have chronic low back pain and severe bilateral lower extremity radiculopathy. It was noted that it was difficult for him to accomplish the home exercise program due to severe bilateral lower extremity numbness, tingling, weakness, and pain. The physical examination showed mild distress; diminished pinprick sensation at the bilateral L4-5 dermatomal distribution; a slow and antalgic gait; walked with a tall walking stick; a forward flexed body posture; positive straight leg raise test on both sides at 45 degrees; decreased motor strength in the left lower extremity; and absent patella deep tendon reflex on the left side. The treating physician indicated that the injured worker needed a few more physical therapy sessions, and recommended three additional sessions of supervised, skilled physical therapy for balance and gait training, strength building, and pain management while he tapered off Norco over the next month. The physical therapy report dated 07-16-2015 indicates that the injured worker was feeling better that he was doing

his exercises properly. He reported relief from the exercises and had increased his walking. The treating physician requested three physical therapy sessions for the low back. On 09-11-2015, Utilization Review (UR) non-certified the request for three physical therapy sessions for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 physical therapy sessions for the low back: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

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

Decision rationale: The patient presents with chronic low back pain and bilateral lower extremity radiculopathy. The current request is for 3 Physical Therapy sessions for the low back. The treating physician's report dated 08/20/2015 (17B) states, "Patient completed 6 sessions of PT at our center as of 07/16/2015 and notes improvement in symptoms and function. He is grateful for the PT sessions and is continuing his HEP at home although this is difficult for him to accomplish d/t severe BLE N/T/W/pain." The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The physical therapy report dated 07/16/2015 (24B) notes that the patient feels more comfortable now performing his exercises. He notes relief from them and has increased his walking. In this case, the requested 3 additional sessions when combined with the previous 6 visits are within the MTUS guidelines. The current request is medically necessary.