

Case Number:	CM15-0180356		
Date Assigned:	09/22/2015	Date of Injury:	04/25/2011
Decision Date:	11/02/2015	UR Denial Date:	09/02/2015
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: Texas, California

Certification(s)/Specialty: Family Practice

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 36-year-old male who sustained an industrial injury on April 25, 2011. Diagnoses have included neural encroachment bilateral L5-S1 radiculopathy and lumbar spondylosis. Documented treatment includes acupuncture, which was discontinued and stated to be "non-efficacious," chiropractic-massage noted to have reduced pain and improve activity tolerance, and medication, which the physician stated without, he "would not be able to function." The injured worker continues to present with low back pain radiating down both legs, with the left side being worse. At the August 6, 2015 visit, he rated his pain at 7 out of 10, and he has been noted to report a popping sensation with bending and twisting movements. Recent examinations noted range of motion, which was limited with low back pain, but no joint pain; and, he had positive straight leg raises with pain on the right at 35 degrees and left at 45 degrees, tenderness on palpation. The physician states that he "remains relatively deconditioned; spasm remains refractory." The treating physician's plan of care includes a request for authorization on August 26, 2015 for 8 physical therapy sessions for the low back, which was denied on September 2, 2015. He is permanent and stationary, but his current working situation is not stated in the provided documentation. The medication list includes Hydrocodone, Naproxen, Tramadol and Omeprazole. The patient had received an unspecified number of Chiropractic, massage and PT visits for this injury. The patient had received 12 PT visits in 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar spine, twice weekly for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Request: Physical therapy for the lumbar spine, twice weekly for four weeks. The guidelines cited below state, "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." The patient had received an unspecified number of Chiropractic, massage and PT visits for this injury. Patient had received 12 PT visits in 2014. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. There was no objective documented evidence of any significant functional deficits that could be benefited with additional PT. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for Physical therapy for the lumbar spine, twice weekly for four weeks is not medically necessary.