

Case Number:	CM15-0181404		
Date Assigned:	09/22/2015	Date of Injury:	09/12/2014
Decision Date:	11/09/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/15/2015

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:

This is a 60-year-old male patient who sustained an industrial injury on 09-12-2014. The diagnoses include foraminal stenosis L4-5 left greater than right with radiculopathy. Per the doctor's note dated 09-16-2015, he had complains of low back pain with left lower extremity symptoms rated at 7/10; bilateral wrist pain and pain at right Achilles. Per the doctor's note dated 08-05-2015, he had complains of low back pain with left lower extremity symptoms rated at 7/10; bilateral wrist pain rated at 4/10 and pain at right Achilles rated at 3/10. The medication facilitates maintenance of activities of daily living including household duties, grocery shopping, grooming, and simple food preparation and cooking. Medications facilitate healthy activity levels, and there was favorable, significant objective improvement with medication on board. The physical examination revealed tenderness at the lumbar spine, lumbar range of motion flexion 50 degrees, extension 40 degrees, left and right lateral tilt 40 degrees, left and right rotation 35 degrees, diminished sensation left L5 and S1 dermatomal distributions, a positive leg raise on the left. The medications list includes tramadol ER, naproxen, pantoprazole and cyclobenzaprine. He has had lumbar spine MRI dated 9/19/2014 and EMG/NCS lower extremities dated 7/14/15 with normal findings. He has had lumbar epidural steroid injection on 4/21/15, TENS and 5 out of 6 physical therapy visits for this injury. The treatment plan is for physical therapy and medications. A request for authorization was submitted for Physical therapy 3 x's per week for 4 weeks for the lumbar spine. A utilization review decision 09-02-2015 modified the request to certify 2x3 physical therapy sessions (6 days). Patient completed 6 additional physical therapy visits in 9/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x per week for 4 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic).

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

Decision rationale: Physical therapy 3x per week for 4 weeks for the lumbar spine. The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. Patient has had 5 out of 6 physical therapy visits for this injury. The requested additional visits in addition to the previously rendered physical therapy sessions are more than recommended by the cited criteria. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Previous physical therapy visit notes are not specified in the records provided. Per the cited guidelines, "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 Physical therapy 3x per week for 4 weeks for the lumbar spine is not established for this patient at this time.