

Case Number:	CM15-0183230		
Date Assigned:	09/24/2015	Date of Injury:	05/16/2015
Decision Date:	11/12/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/17/2015

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: Pennsylvania, Ohio, California
 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:

This is a 53 year old male with a date of injury on 5-16-2015. A review of the medical records indicates that the injured worker is undergoing treatment for ongoing back pain and sciatica left lower extremity with left sided disc protrusion at L5-S1. According to the progress report dated 6-16-2015, the injured worker complained of back pain with increased pain in his left lower extremity. He had started physical therapy. Per the treating physician (6-16-2015), the injured worker has not returned to work. The physical exam (6-16-2015) revealed the injured worker to be obviously uncomfortable and to walk with an antalgic gait. He had decreased strength walking on his toes and increased pain, but no weakness walking on his heels. He had pain on straight leg raising at 70 degrees on the left. The physician noted that magnetic resonance imaging (MRI) of the lumbar spine showed bulging L4-5 disc with no neural compression and a left sided lateral recess protrusion of about 4mm at L5-S1. Treatment has included lumbar epidural steroid injection, physical therapy, and medications (Ibuprofen and Flexeril). The request for authorization dated 6-16-2015 was for physical therapy to the lower back, two to three times a week for four weeks. The original Utilization Review (UR) (8-21-2015) modified a request for retrospective physical therapy three times a week for four weeks (12 visits) to two times a week for five weeks (10 visits).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro physical therapy 3 times a week for 4 weeks for lower back: 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: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation; the requested retro PT may be indicated but is excessive in proposed duration. Therefore this request is not medically necessary.