

Case Number:	CM15-0184248		
Date Assigned:	09/24/2015	Date of Injury:	08/05/2012
Decision Date:	11/06/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/18/2015

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 44 year old male patient who sustained an industrial injury on 08-05-2012. He sustained the injury due to lifting. The diagnoses include low back pain, lumbar radiculopathy, lumbar disc disorder, post lumbar laminectomy syndrome, and abdominal pain. According to the progress note dated 08-04-2015, he had pain at 4/10 with medications and 7/10 without medication. The physical examination revealed restricted lumbar range of motion limited by pain, tenderness to palpitation of the bilateral paravertebral muscles, inability to heel or toe walk, and positive bilateral lumbar facet loading. The medications list includes lyrica, omeprazole and norco. He has had Magnetic Resonance Imaging (MRI) of the lumbar spine dated 10-25-2012 which revealed L4-L5: 10 mm central canal stenosis due to 5 mm posterocentral disc, mild bilateral neural foraminal stenosis due to disc bulge and L5-S1: 10mm central canal stenosis due to 8mm posterocentral and paracentral disc protrusion, indentation on bilateral sacroiliac (SI) traversing nerve root and moderate bilateral neural foraminal stenosis due to disc bulge and facet arthrosis; electromyography (EMG) and nerve conduction velocity (NCV) of the lower extremities in 2013. He has undergone 2 lumbar epidural steroid injection (ESI) in 2013, back surgery on 04-14-2014. He has had 24 sessions of physical therapy in 2014 and transcutaneous electrical nerve stimulation (TENS) for this injury. The treating physician prescribed services for physical therapy 12 Sessions to the lumbar spine 2x6. The utilization review dated 08-12-2015, modified the request for physical therapy 6 sessions to the lumbar spine (original: 12 sessions).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 12 Sessions To The Lumbar Spine 2x6: Upheld

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

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

Decision rationale: Physical Therapy 12 Sessions to the Lumbar Spine 2x6. The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. He has had 24 sessions of physical therapy in 2014. 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 Physical Therapy 12 Sessions To The Lumbar Spine 2x6 is not medically necessary for this patient at this time.