

Case Number:	CM15-0187769		
Date Assigned:	09/29/2015	Date of Injury:	04/25/2011
Decision Date:	11/19/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/24/2015

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:

The injured worker is a 68 year old male, who sustained an industrial injury on 4-24-2011. He reported injuries to the low back and left upper extremity when he was struck by an automobile. The lumbar spine MRI dated 5-8-15, revealed multilevel lumbar stenosis, bilateral foraminal narrowing, severe facet degenerative disease, spondylolisthesis and a disc bulge. Diagnoses include lumbar spondylosis, facet arthropathy, and carpal tunnel syndrome, left wrist. Treatments to date include activity modification, back support brace, and wrist brace, medication therapy, physical therapy, and acupuncture treatments. Currently, he complained of ongoing low back pain. Low back pain was rated 4 out of 10 VAS at best and 8 out of 10 VAS at worst. The pain to the left hand had resolved, as the record documented a previous corticosteroid injection to the hand was successful. Current medication listed included Norco, Flexeril, and Ibuprofen. On 8-12-15, the physical examination documented tenderness to the lumbar muscles, spinous processes and facet joints, limited range of motion due to guarding and pain, decreased sensation bilaterally to lower extremities and a positive straight leg raise test. The plan of care included possible bilateral transforaminal epidural steroid injections versus caudal epidural steroid injections, however, the records documented preference of the injured worker to continue with conservative treatment and strength exercises. The appeal requested authorization for eight (8) physical therapy sessions, twice a week for four weeks, to treat the lumbar spine. The Utilization Review dated 9-14-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy to the lumbar two (2) times a week for four (4) weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html.

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. This request is not medically necessary.