

Case Number:	CM15-0188482		
Date Assigned:	09/30/2015	Date of Injury:	12/11/2009
Decision Date:	11/16/2015	UR Denial Date:	08/28/2015
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: California, Hawaii

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 63 year old male with a date of injury on 12-11-2009. The injured worker is undergoing treatment for spinal stenosis-lumbar region with neurogenic claudication, degeneration of lumbar or lumbosacral intervertebral disc, and psychophysiologic disorder. Physician progress notes dated 07-06-2015 and 08-07-2015 documents the injured worker has complaints of continued increased low back pain with numbness and tingling in his bilateral lower extremities. He denies any new or worsening symptoms. He has tried to continue with home exercise program but noted activity intolerance due to pain. He has a slow antalgic gait. He has a forward flexed body posture. He has ambulatory guarded movements. Treatment to date has included diagnostic studies, medications, 3 physical therapy sessions, a completed Functional Restoration Program, and home exercises. His current medications include Baclofen, Cyclobenzaprine, Gabapentin, Hydrocodone, Medrol, Meloxicam and Tramadol. He was recommended a trial of Baclofen for muscle spasms and Gabapentin for neuropathic pain with the 08-07-2015 visit. A MRI of the lumbar spine done on 07-22-2015 revealed moderate canal stenosis and bilateral neural foraminal narrowing at L3-L4. Severe canal stenosis with cauda equina nerve root compression and mild bilateral neural foraminal narrowing and posterior disc protrusion at L4-L5 and moderate bilateral neural foraminal narrowing at L5-S1. A surgical consultation was recommended but the injured worker refuses. He is requesting a lumbar epidural steroid injection. He has had in the past with greater than 50% improvement in his symptoms and function. The Request for Authorization dated 08-11-2015 includes Baclofen, Gabapentin, Meloxicam, L4-L5 bilateral transforaminal epidural steroid injections, and physical therapy x 6 sessions. On 08-28-201 Utilization Review non-certified the requests for Physical therapy x 6 sessions lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 6 sessions lower back: Overturned

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: The patient presents with chronic intermittent low back pain with numbness and tingling in the bilateral lower extremity. The current request is for 6 additional sessions of physical therapy (PT) for the lower back. The patient had previously been approved for 3 sessions of PT. The treating physician states on 8/7/15 (3C) the patient "is utilizing his customized HEP" and requests on 8/10/15 6 sessions of physical therapy (26B). MTUS guidelines indicate that Physical Therapy is recommended: Physical Medicine guidelines 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." For myalgia and neuritis type conditions, 8-10 sessions of physical therapy are recommended. In this case, the treating physician has documented that the patient had previously responded to PT. The documentation provided for review indicates that the patient's condition has flared and given the patient has only completed 3 sessions of PT an additional 6 session would fall within the MTUS recommended number of 8-10 session. The current request is medically necessary.