

Case Number:	CM15-0189093		
Date Assigned:	10/01/2015	Date of Injury:	10/30/2014
Decision Date:	11/09/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/25/2015

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

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 39 year old, female who sustained a work related injury on 10-30-14. A review of the medical records shows she is being treated for lumbar spine pain. Treatments have included previous physical therapy. In the progress notes, the injured worker reports persistent lower back pain. She rates this pain level a 9-10 out of 10. This is unchanged from last few visits. On physical exam dated 8-10-15, she has decreased range of motion in lumbar spine. She has tenderness in lumbar paraspinal muscles. She has a positive left leg straight leg raise to posterior thigh. She has decreased sensation and strength at L4 and L5 of left leg. She is currently not working. The treatment plan includes a request for physical therapy to lumbar spine. The Request for Authorization dated 8-26-15 has requests for extension of a pain management appointment and for physical therapy 2 x 6 to lumbar spine. In the Utilization Review dated 8-28-15, the requested treatments of physical therapy 2 x 6 for lumbar spine are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 2x/week for 6 weeks (lumbar spine): 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: Review indicates previous history of low back injury in 2008 s/p lumbar microdiscectomy at L5-S1. MRI of the lumbar spine on 1/30/15 showed post-surgical changes and epidural scarring without any disc protrusions or stenosis. The patient has received previous PT. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic 2014 injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical Therapy, 2x/week for 6 weeks (lumbar spine) is not medically necessary and appropriate.