

Case Number:	CM15-0190652		
Date Assigned:	10/02/2015	Date of Injury:	09/30/2013
Decision Date:	11/13/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/28/2015

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: Emergency Medicine

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 59 year old male who sustained a work-related injury on 9-30-13. Medical record documentation on 7-13-15 revealed he was status post lumbar microdiscectomy surgery. He had completed eight sessions of physical therapy and felt 25% better. He was making "definite strides" with physical therapy, but still had episodes of low back pain and spasm. He was progressing as expected and had four sessions of physical therapy remaining. He reported on 7-31-15 that he had used only one Norco since his last physical therapy session. On 9-8-15, the injured worker reported an improvement in symptoms with the completion of the Medrol Dosepak. His medications included Baclofen, Galise, Norco and Neurontin. He had 5-5 bilateral lower extremities strength with the exception of the left quadriceps, which was 4-5. He had positive left straight leg raise and his sensation to light touch was diminished about the anterolateral thigh on the left. An MRI of the lumbar spine on 9-4-15 revealed diffuse disc bulge with no clear recurrent disc herniation on the left. He had a minimal narrowing of the central canal and mild narrowing of the left lateral recess. The evaluating physician noted the MRI revealed significant granulation tissue around the L4 nerve root but no clear re-herniation. The treatment plan included twelve sessions of physical therapy focused on the left lower extremity stretching and strengthening, neural glide exercises and desensitization. A request for twelve (12) continued physical therapy sessions was received on 9-9-15. On 9-11-15, the Utilization Review physician determined twelve (12) continued physical therapy sessions was not medically necessary based on California Medical Treatment Utilization Schedule.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) continued physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Low Back.

Decision rationale: As per MTUS post surgical guidelines, patients post discectomy may receive up to 16 physical therapy sessions post-operation. Patient has reportedly already completed 16 sessions. The provider has failed to document any objective improvement from prior sessions or appropriate rationale as to why additional PT sessions are necessary. Objective improvement in strength or pain is not appropriately documented with only subjective belief in improvement. There is no documentation if patient is performing home-directed therapy with skills taught during PT sessions but only home exercises. There is no documentation as to why home directed therapy and exercise is not sufficient. Documentation fails to support additional PT sessions. Patient has already exceeded guideline recommendations therefore additional 12 physical therapy sessions are not medically necessary.