

Case Number:	CM15-0190799		
Date Assigned:	10/30/2015	Date of Injury:	09/13/2013
Decision Date:	12/10/2015	UR Denial Date:	09/17/2015
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, Indiana, New
 York Certification(s)/Specialty: Internal 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:

The injured worker is a 54-year-old male who sustained an industrial injury on 9-13-2013 and has been treated for shoulder bursitis, lumbar facet joint pain, degeneration of lumbar intervertebral disc, and myofascial pain. MRI 11-10-2013 showed multi-level degenerative disc disease and facet degeneration; L2-4 degenerative disc with facet arthropathy; L4-5 retrolisthesis; left herniation and moderate left foraminal narrowing; and, L5-S1 moderate neural foraminal stenosis worse on the right. On 9-11-2015, the injured worker reported bilateral low back pain radiating to both hips. Pain was characterized as intermittent, aching, and stabbing. There was no numbness or tingling reported. Musculoskeletal objective findings documented included normal gait and posture, and psychological exam stated "normal mood and affect, awake, and alert." No other psychiatric information is included. Documented treatment includes Aleve and Voltaren gel with 40 percent decreased pain, Flexeril, Neurontin, Lumbar medial branch neurotomy, 12 undated sessions of physical therapy with "reduction in pain and improved standing and carrying tolerance allowing him to return to part time work," and he is noted to continue home exercise. The treating physician's plan of care includes 6 additional sessions of physical therapy for the lumbar spine, and a cognitive behavioral therapy consultation. Both were non-certified on 9-17-2015. He is not currently working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy # 6 low back: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy #6 sessions to the low back is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are lumbar facet joint pain; myofascial pain; and degeneration of lumbar and into vertebral disc. The date of injury is September 13, 2013. Request for authorization is September 3, 2015. In according to a September 11, 2015 progress note, the worker complaints of ongoing low back pain bilaterally. The pain radiates to the hips. Medications include Aleve, Voltaren gel, Flexeril and Neurontin. Objectively, gait is normal and posture/LLD. There was no lumbar musculoskeletal examination. The documentation indicates the injured worker received 12 sessions of physical therapy. The injured worker reports reduction in pain and improved standing and carrying tolerance to return to work part-time. The injured worker has been engaged in a home exercise program. There are no compelling clinical facts indicating additional physical therapy is clinically warranted. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation indicating the injured worker received 12 prior physical therapy sessions, documentation indicating the injured worker is already engaged in a home exercise program and no compelling clinical facts indicating additional physical therapy is clinically warranted, physical therapy #6 sessions to the low back is not medically necessary.