

Case Number:	CM15-0190884		
Date Assigned:	10/05/2015	Date of Injury:	01/17/2015
Decision Date:	11/10/2015	UR Denial Date:	09/16/2015
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: 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 49 year old male with an industrial injury date of 01-17-2015. Medical record review indicates he is being treated for lumbar-lumbosacral disc degeneration lumbar 4-5 and lumbar radiculopathy. Subjective complaints (09-08-2015) included low back pain with radiation into the buttocks. Associated symptoms included numbness into the anterior and posterior aspects of both lower extremities fairly diffusely. He feels weak in the low back and legs. The treating physician documented the injured worker tried to go back to modified work but was unable to tolerate it. The provider documented the injured worker was presenting with delayed recovery with diffuse back pain as well as lower extremity paresthesia's. Prior treatment included 12 visits of physical therapy "without significant relief "and medications (Ibuprofen and Vicodin). Prior diagnostics included lumbar MRI (06-26-2015) documented by the treating physician in the 09-08-2015 treatment note as showing: Left lumbar 4-5 foraminal protrusion and right lumbar 5-sacral 1 posterior annular tear with bilateral sciatica. Physical exam (09-08-2015) findings included full lumbar flexion and extension with pain. Diffuse tenderness was noted in the lumbosacral region. The straight leg raise was positive for buttock and leg pain bilaterally. Sensory examination to light touch in the lumbar 3-sacral 1 dermatomes was documented as normal. On 09-16-2015 the request for physical therapy 12 visits was modified to physical therapy 2 visits by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 12 visits: 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: 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 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 12 visits is not medically necessary and appropriate.