

Case Number:	CM15-0192552		
Date Assigned:	10/06/2015	Date of Injury:	09/02/1997
Decision Date:	11/19/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/30/2015

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:

This is a 42 year old male with a date of injury on 9-2-97. A review of the medical records indicates that the injured worker is undergoing treatment for chronic lumbar spine pain. Progress report dated 8-19-15 reports continued complaints of lower back pain. Objective findings: x-rays done at this visit show a decrease in the normal cervical lordosis, no acute abnormalities are seen, there is slight disc space narrowing at L5-S1. MRI lumbar spine 9-17-15 reveals at L4-5 there is a 4 to 5 mm broad based central extrusion with annular tear which mildly flattens the ventral thecal sac left side greater than the right, no overall canal stenosis. Treatments include: medication, 8 sessions of acupuncture. He reports therapy was temporarily helpful. Request for authorization was made for 12 physical therapy session lumbar spine. Utilization review dated 9-15-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Sessions of Lumbar Spine # 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Physical Guidelines, Low back -Lumbar and Thoracic (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The records indicate the patient continues to suffer chronic low back pain with pain and loss of sensation in the extremities. The current request for consideration is physical therapy sessions to the lumbar spine #12. The attending physician report dated 9/24/15 indicates the treating physician feels the patient would benefit from physical therapy 3 x 4. According to the MTUS and ODG, a short course of physical therapy is recommended as an option at a decreasing frequency with transition into an independent home-based exercise program. Guidelines further recommend evaluating for functional improvement after a six-visit trial. Guidelines recommend for Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. In this case, the attending physician does not discuss a new injury or an exacerbation of the patient's chronic condition. The attending physician offers no discussion or rationale for exceeding treatment guidelines. The records indicate that the patient has completed 34 physical therapy sessions to date. The current request exceeds guideline recommendations and as such is not medically necessary.