

Case Number:	CM15-0193126		
Date Assigned:	10/07/2015	Date of Injury:	01/15/2014
Decision Date:	11/13/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	10/01/2015

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, with a reported date of injury of 01-15-2014. The diagnoses include lumbar stenosis at L4, L5, and S1, lumbar disc herniation at L4, L5, and S1, lumbar radiculopathy, low back pain, lumbar degenerative disc disease and stenosis, and status post lumbar laminectomy. Treatments and evaluation to date have included lumbar laminotomies and bilateral foraminotomy at L4, L5, and S1 on 03-03-2015, Norco, OxyContin, Oxycodone, Neurontin, Lidocaine, Baclofen, and physical therapy for the lumbar spine. The diagnostic studies to date have included a urine drug screen on 05-05-2015 with inconsistent results; and a urine drug screen on 08-18-2015 with inconsistent findings. The progress report dated 08-07-2015 indicates that the injured worker had a history of lumbar laminectomy six months prior. He continued to have "pretty severe" back pain. It was noted that the injured worker had participated in eleven therapy visits, which was "helpful". The treating physician was hoping to get more physical therapy. It was noted that the injured worker had a lot of back pain, and difficulty with range of motion in his back. The physical examination showed walking slightly hunched forward; increased range of motion with flexion and extension of the lumbar spine; tightness to straight leg raise on the right and left, but no motor or sensory deficits in the lower extremities; and soft and non-tender calves. The treatment plan included twelve additional physical therapy visits for core strengthening stabilization and current gains that the injured worker had already made. The injured worker's work status was not indicated. The medical records included twelve physical therapy reports from 06-24-2015 to 08-10-2015. The physical therapy report dated 08-10-2015 indicates that the injured worker reported that his low back

pain was feeling a little better, but he still experienced pain in the mornings after sleeping and with bending activities and coming up from bending. The objective findings included decreased tenderness to superior incision site. It was noted that the injured worker would benefit from continued core strengthening to increase lumbar stability and decrease low back pain, and decreased stiffness and pain. The treatment plan included continued therapy. The request for authorization was dated 08-11-2015. The treating physician requested physical therapy two times a week for six weeks for the lumbar spine. On 09-02-2015, Utilization Review (UR) non-certified the request for physical therapy two times a week for six weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x a week for 6 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary, and Postsurgical Treatment 2009, Section(s): Low Back. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Guidelines.

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 and to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times six weeks to the lumbar spine 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 exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are remote lumbar laminectomy; lumbar degenerative disc disease; and low back pain. Date of injury is January 15, 2011. Request authorization is August 19, 2015. According to an August 7, 2015 progress note, the injured worker's subjective complaint is low back pain. The injured worker received 12 physical therapy visits. There are no medications currently prescribed. Objectively, there is increased range of motion with flexion. There is positive straight leg raising. There is no motor or sensory deficit on physical examination. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated. The documentation does not demonstrate objective functional improvement, despite improvement. The treating provider is requesting an additional 12 physical therapy sessions. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, and no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated, physical therapy two times per week times six weeks to the lumbar spine is not medically necessary.