

Case Number:	CM15-0194499		
Date Assigned:	10/08/2015	Date of Injury:	04/01/2014
Decision Date:	11/16/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/02/2015

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 52-year-old male, who sustained an industrial injury on 4-01-2014. The injured worker was being treated for disc herniation of the lumbar spine at the L5-S1 level. Treatment to date has included diagnostics, lumbar epidural injections, and physical therapy. Per the Orthopaedic Evaluation Report dated 8-26-2015, the injured worker complains of low back pain with some radiation to the legs, and some weakness of his legs. His pain was not currently rated. Exam of the thoracolumbar spine noted normal posture, forward flexion to 60 degrees, tenderness and spasm to palpation, and straight leg raise positive on the right. X-rays of the lumbar and thoracic spine were documented to show "degenerative disc disease at the L4-5 and L5-S1 levels with a significant loss of lumbar lordosis." Magnetic resonance imaging of the lumbar spine was reviewed and was documented to show "moderate bilateral neuroforaminal stenosis at the L4-5 space." Work status was modified. Current medication regimen, if any, was not noted. Per the Orthopedic Consultation dated 5-14-2015, the injured worker "underwent 6 treatments of physical therapy which did not provide relief." The treatment plan included aggressive physical therapy, 3 times weekly x4 weeks, to the low back per the order 8-26-2015, non-certified by utilization Review on 9-23-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 3 times weekly, low back: Upheld

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

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

Decision rationale: Time-limited care plan with specific defined goals, assessment of functional benefit with modification of ongoing treatment based upon the patient's progress in meeting those goals and the provider's continued monitoring of successful outcome is stressed by MTUS guidelines. 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. Submitted reports have no acute flare-up or specific physical limitations to support for physical/occupational therapy. The Chronic Pain Guidelines allow for 9-10 visits of therapy with fading of treatment to an independent self-directed home program. It appears at least 6 PT sessions have been completed; however, the submitted reports have not identified clear specific functional improvement in ADLs, functional status, or decrease in medication and medical utilization nor have there been a change in neurological compromise or red-flag findings demonstrated from the formal physical therapy already rendered to support further treatment. Submitted reports have also not adequately demonstrated the indication to support for excessive quantity of PT sessions without extenuating circumstances established beyond the guidelines for this April 2014 injury. The Physical therapy, 3 times weekly, x 4 weeks to low back is not medically necessary and appropriate.