

Case Number:	CM15-0195078		
Date Assigned:	10/08/2015	Date of Injury:	12/13/2013
Decision Date:	11/24/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/05/2015

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:

The injured worker is a 34 year old male who sustained an industrial injury on December 13, 2013. A primary treating visit dated May 18, 2015 reported subjective complaint of: "two or three days postoperative he started having pain in the left leg. The pain starts from his back and goes down to his leg. Of note, he was called in a prescription for Medrol and he is noted on day three feels only slight improvement." He was diagnosed with status post left L5-S1 hemilaminectomy and microdiscectomy on April 28, 2015. The plan of care noted: continue Medrol, prescribed Relafen to begin after Medrol is complete and if no improvement then recommend a follow up MRI ruling out disc herniation. A recent primary treating office visit dated August 28, 2015 reported subjective complaint of "low back pain," "back stiffness," "pain radiating in bilateral thighs," and "no more shooting pain below his knees or numbness and tingling into his foot." The plan of care noted continuing with home exercises with encouragement to participate in water exercises; continue physical therapy; utilize topical creams, and follow up. On September 14, 2015 a request was made for 12 sessions of physical therapy treating the lumbar spine that were noncertified by Utilization Review on September 21, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 6 for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Low Back.

Decision rationale: The patient presents with low back pain with stiffness and pain radiating in bilateral thighs. The current request is for Physical Therapy 2 x 6 for the lumbar spine. The treating physician states, in a report dated 08/28/15, "He will need to continue with physical therapy two times a week for six weeks." (13C) The PSTG guidelines state, "Postsurgical treatment (discectomy/laminectomy): 16 visits over 8 weeks." The patient is status post L5-S1 left-sided hemilaminotomy and microdiscectomy with surgery on 4/28/15. Per the UR decision letter dated 09/18/15, the patient has already undergone 12 post-surgical PT sessions and was certified for 4 additional PT sessions. Given the foregoing, and the fact that 12 sessions exceed MTUS guidelines when combined with the PT sessions already completed, the current request is not medically necessary.