

Case Number:	CM15-0195251		
Date Assigned:	10/09/2015	Date of Injury:	03/16/1998
Decision Date:	12/11/2015	UR Denial Date:	09/24/2015
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 68 year old male, who sustained an industrial injury on 3-16-1998. Diagnoses include low back syndrome and postlaminectomy syndrome, status post cervical fusion, status post multiple lumbar surgeries including a lumbar fusion on 2-23-15. Treatments to date include activity modification, medication therapy, physical therapy, epidural steroid injection, and a failed spinal cord stimulator trial. On 8-13-15, he complained of ongoing low back pain with radiation to bilateral lower extremities. There was some improvement noted with physical therapy. The records included documentation indicating post-surgical physical therapy had begun 6-4-15; however, the total number of sessions completed was not clear. The physical examination documented lumbar tenderness and decreased range of motion. On 9-17-15, he reported no change in symptoms. It was also documented the patient "is much better compared with pre-operative evaluations." There were no new physical examination findings documented. The plan of care included additional physical therapy sessions. The appeal requested authorization for twelve (12) physical therapy sessions for the lumbar spine. The Utilization Review dated 9-24-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, lumbar spine, 12 sessions: 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: The patient presents with chronic low back pain radiating to the bilateral lower extremity. The current request is for Physical Therapy, Lumbar Spine, 12 sessions. The treating physician's report dated 09/17/2015 (55B) states, Patient attending physical therapy with improvement. Patient will obtain X-rays after visit. Patient is status post lumbar surgery February 23, 2015. Patient is much improved compared with pre-op. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The patient's surgery is from 02/23/2015 and is past post-surgical guidelines. The physical therapy reports from 06/04/2015 (96B) to 08/07/2015 (69B) show a total of 12 completed sessions. The 08/07/2015 (69B) physical therapy report notes, Encouraged pt to try exercise at night time at home or gym to improve sx as he does have reduced report of sx intensity by the end of his sessions. Discussed body mechanics for transferring loads as he is preparing to clean out storage unit and possibly move into a new home. In this case, the patient has recently completed 12 sessions of physical therapy and the requested 12 additional would exceed MTUS Guidelines. The patient should now be able to transition into a self-directed home exercise program to improve strength and flexibility. The current request is not medically necessary.